

Federal Health Care Reform Legislation Home Visiting Summary

Senate Health Care Reform Legislation

[H.R. 3590: Patient Protection and Affordable Care Act](#)

The Patient Protection and Affordable Care Act establishes a home visiting grant program for states administered through the Department of Health and Human Services (DHHS), Health Resources Services Administration (HRSA) as a new section of the Title V Maternal and Child Health (MCH) block grant program. This provision:

1. [Provides \\$1.5 billion over 5 years](#) for maternal, infant and early childhood home visitation programs. Grantees are required to use an [evidence-based program model](#) with a benchmark component that measures: improvement in maternal and child health, childhood injury prevention, school readiness and achievement, crime or domestic violence, family economic self-sufficiency, and coordination with community resources and supports.

Funding Breakdown:

\$1.5 billion* over 5 years

\$100M for FY2010

\$250M for FY2011

\$350M for FY2012

\$400M for FY2013

\$400M for FY2014

[*State and Federal Reservations Apply](#)

2. Requires states to complete a [needs assessment](#) to identify communities that have few quality home visitation programs and are at risk for poor maternal and child health as a pre-condition for receiving the home visiting funds.

House Health Care Reform Legislation

[H.R. 3962: Affordable Health Care for America Act](#)

The Affordable Health Care for America Act contains two components related to home visiting:

1. **State Grant Program- [Authorizes \\$750 million over 5 years](#)** for a state based grant program administered through the DHHS Administration for Children and Families (ACF) for quality home visitation programs for families with young children and families expecting children. States must submit a description of their home visitation programs and the results of [needs assessment](#) as a prerequisite for receiving funds. The bill also outlines the [state funding match rate](#), [state reporting requirements](#), and [grant program application requirements](#).

Funding Breakdown:

\$750 million* over 5 years

FY 2010 \$50 m

FY2011 \$100 m

FY2012 \$150 m

FY2013 \$200 m

FY2014 \$250 m

[*State and Federal Reservations Apply](#)

Funds will be distributed through a two-tiered approach with priority funding for programs with the strongest evidence of effectiveness. Funding for second tier programs will decrease by 5% each eligible year - from 60% in FY 2010 to 40% in FY 2014.

2. **[Medicaid Provision](#)** *- Amends section 1905 of the Social Security Act and establishes optional coverage of "nurse home visiting services" under Medicaid and CHIP. "Nurse home visitation services" are defined as "home visits by trained nurses to families with a first-time pregnant woman or a child (under 2 years of age) who is eligible for medical assistance."

**The Medicaid provision is not included in the Senate Finance health care reform bill.*

Federal Health Care Reform Legislation Home Visiting Summary Grant Program

Bill	H.R. 3590: Patient Protection and Affordable Care Act Title I, Subtitle L, Section 2951 Senate Committees: Finance and Health, Education, Labor and Pensions (HELP)	H.R. 3962: Affordable Health Care for America Act Title IX, Section 1904 House Committees: Education & Labor, Energy & Commerce, and Ways & Means
Amended Law	Section 511 is added to Title V of the Social Security Act.	Title IV, Part B of the Social Security Act
Purpose	<ol style="list-style-type: none"> 1. Strengthen and improve coordination of services for “at risk” communities 2. Establish state grant program for “maternal, infant and early childhood home visitation programs” for eligible families 	<ol style="list-style-type: none"> 1. “Improve the well-being, health, and development of children” 2. Establish state grant program for “home visitation programs for families with young children and families and expecting children”
Authorizing Agency	DHHS Health Resources Services Administration (HRSA), Maternal and Child Health (MCH) block grant program	DHHS Administration for Children and Families (ACF)
Funding	\$1.5 billion over 5 yrs in mandatory funding for evidence-based home visitation FY2010 \$100 M FY2011 \$250 M FY2012 \$350 M FY2013 \$400 M FY2014 \$400 M	\$750 million over 5 years in mandatory funding for evidence-based home visitation FY 2010 \$50 M FY2011 \$100 M FY2012 \$150 M FY2013 \$200 M FY2014 \$250 M Priority funding for programs with the strongest evidence. Funding for less rigorously evaluated programs will decrease by 5% each eligible year - from 60% in FY 2010 to 40% in FY 2014
State Match	Funds provided to an eligible entity “shall supplement, and not supplant funds from other sources for early childhood home visitation programs or initiatives”.	FY2010 15% FY 2011 20% FY2012 – beyond 25%
Use of Funds	Allocations: <ol style="list-style-type: none"> 1. 3% for research and evaluation (conducted by DHHS) 2. 3% percent to provide home visitation services to Indian families 3. 25% can be used by states to fund a promising new program model that would be rigorously evaluated 4. A portion of the grant may be used for planning or implementation activities during the first 6 months 5. The Secretary may use any unspent funds for grants to eligible nonprofit organizations to conduct an early childhood home visitation program in the state. 	State Reservation: States will reserve 5% of the grant funds for training and technical assistance to the home visitation programs. DHHS Secretary Reservation: <ol style="list-style-type: none"> 1. 5% for federal evaluation 2. 3% for Indian tribes

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State Reporting	<ol style="list-style-type: none"> 1. Conduct a statewide needs assessment in coordination with other statewide assessments within 6 months of bill enactment that identifies: <ol style="list-style-type: none"> A. Communities with concentrations of: <ol style="list-style-type: none"> i. “Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk pre-natal, maternal, newborn, or child health ii. Poverty iii. Crime iv. Domestic violence v. High rates of high-school drop-outs vi. Substance abuse vii. Unemployment viii. Child maltreatment” B. The quality and capacity of existing home visiting programs including: <ol style="list-style-type: none"> i. Number of families served ii. Gaps in home visitation in the state iii. Extent to which programs meet the needs of eligible families C. State capacity to provide “substance abuse treatment and counseling services to individuals and families in need” 2. Submit a description of how the state intends to address the needs identified by the assessment which may “include applying for a grant to conduct an early childhood home visitation program”. <p>These activities are a prerequisite for grant funding.</p>	<ol style="list-style-type: none"> 1. Statewide needs assessment that describes: <ol style="list-style-type: none"> 1. The number, quality, and capacity of home visiting programs in the state 2. Families receiving services 3. Sources and amount of program funding 4. Gaps in home visitation in the state 5. Training and technical assistance activities 2. Annual Report to DHHS that describes: <ol style="list-style-type: none"> 1. Service delivery 2. Program characteristics 3. Provider characteristics 4. Recipient characteristics 5. Annual cost 6. Outcomes 7. Training and technical assistance provided 8. Indicators to monitor program implementation 9. Other information as requested by Secretary
DHHS Reporting	<p>Report evaluation results to Congress by 3/31/2015</p> <p>Evaluation Requirements</p> <ol style="list-style-type: none"> 1. Appoint an expert panel to design home visitation grants program evaluation 2. By grant, contract, or interagency agreement, conduct an evaluation of the statewide needs assessments, the home visitation programs, and the progress made by grantees towards their benchmarks 3. Require MCH to collaborate with ACF and a number of Federal agencies (ASPE, CDC, NICHD,OJJDP,IES) 	<ol style="list-style-type: none"> 1. Annual report to Congress on activities 2. Independent evaluation of HV program effectiveness on: <ol style="list-style-type: none"> a. Child and parent outcomes, including child maltreatment, child health and development, school readiness, and links to community services b. The effectiveness of home visitation programs on different populations 3. Interim report on evaluation to Congress within 3 years 4. Final evaluation report in 5 years

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<p>Eligibility / Application</p>	<p>Application must include:</p> <ol style="list-style-type: none"> 1. Population served / service method 2. Assurance of prioritized service provision to low-income / high risk families 3. Service delivery model 4. Statement linking service delivery model to needs assessment 5. A benchmark component that measures: <ul style="list-style-type: none"> • Improvement in maternal and child health • Childhood injury prevention and reduced emergency room visits • School readiness and achievement • Crime or domestic violence • Family economic self-sufficiency • Coordination with community resources and supports 6. Verification that models are being implemented according to model specifications 7. Assurances that participation by eligible families is voluntary 8. Agreement with annual DHHS reporting 9. Description of other state programs that include home visitation <p>“High risk” populations:</p> <ol style="list-style-type: none"> 1. Eligible families who reside in communities identified in the needs assessment 2. Low-income families 3. Pregnant women under 21 years of age 4. Eligible families with a history of child abuse or neglect 5. Eligible families that have had contact with the child welfare system 6. Eligible families with a history of substance abuse or in need of substance abuse treatment 7. Eligible families with tobacco users in the home 8. Children with low student achievement 9. Children with developmental delays or disabilities 10. Eligible families with individuals currently or formerly serving in the Armed Forces, including those with multiple deployments outside of the United States 	<p>To receive grant funding, states must submit an application to the DHHS Secretary that includes a description of home visitation programs and the results of a needs assessment.</p> <p>In order to qualify for the federal matching rate, the bill requires that a state’s “eligible expenditures”:</p> <ol style="list-style-type: none"> 1. Prioritize high need/low income communities (200% of poverty line) 2. Service families with young children under the age of school entry <div style="border: 1px solid gray; padding: 10px; margin-top: 20px; background-color: #f0f0f0;"> <p>H.R. 3590 Grant-funded programs that do not meet at least four of these benchmarks at the end of the third year:</p> <ol style="list-style-type: none"> 1. Must submit a corrective action plan to improve outcomes to DHHS 2. Will receive expert technical assistance to implement the corrective action plan <p>Failure to demonstrate improvement after technical assistance will result in grant termination.</p> </div> <div style="border: 1px solid gray; padding: 10px; margin-top: 20px; background-color: #f0f0f0;"> <p>H.R. 3590 An “eligible family” is defined as:</p> <ol style="list-style-type: none"> 1. A woman who is pregnant or the father of the child (if available) 2. A parent or primary caregiver of a child from birth until kindergarten </div>

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<p>Language re: “evidence-based” models</p>	<p>Funded programs must:</p> <ol style="list-style-type: none"> 1. Adhere to a clear, consistent model grounded in empirically-based knowledge related to home visiting and linked to the benchmark areas 2. Employ well-trained and competent staff such as nurses, social workers, child development specialists, or other well-trained staff 3. Maintain high quality supervision 4. Demonstrate organizational capacity 5. Establish appropriate linkages and referrals 6. Monitor program fidelity <p>Core Model Components:</p> <ol style="list-style-type: none"> 1. “Conforms to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and has demonstrated significant and sustained positive outcomes, as described in the benchmark areas”; is evaluated using “well-designed and rigorous randomized controlled research designs and the evaluation results that have been published in a peer-reviewed journal or quasi-experimental research designs.” 2. “The model conforms to a promising and new approach to achieving the benchmark areas” and the participant outcomes described, “has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process.” <p>Criteria for Evidence of Effectiveness: The Secretary shall establish criteria - which may be tiered – and will provide an opportunity for public comment.</p>	<p>Funded programs must:</p> <ol style="list-style-type: none"> 1. “Adhere to clear evidence-based models of home visitation that have demonstrated positive effects on important program-determined child and parenting outcomes, such as reducing abuse and neglect and improving child health and development 2. Employ well-trained and competent staff, maintain high quality supervision, provide for ongoing training and professional development, and show strong organizational capacity to implement such a program 3. Establish appropriate linkages and referrals to other community resources and supports 4. Monitor fidelity of program implementation to ensure that services are delivered according to the specified model 5. Provide parents with— <ol style="list-style-type: none"> a. Knowledge of age-appropriate child development in cognitive, language, social, emotional, and motor domains (including knowledge of second language acquisition, in the case of English language learners); b. Knowledge of realistic expectations of age-appropriate child behaviors; c. Knowledge of health and wellness issues for children and parents; d. Modeling, consulting, and coaching on parenting practices; e. Skills to interact with their child to enhance age-appropriate development; f. Skills to recognize and seek help for issues related to health, developmental delays, and social, emotional, and behavioral skills; and g. Activities designed to help parents become full partners in the education of their children.”

Federal Health Care Reform Legislation Home Visiting Summary

Medicaid Reimbursement for Nurse Home Visiting

Bill	H.R. 3962: Affordable Health Care for America Act Title VII, Subtitle B, Section 1713 House Committees: Education & Labor, Energy & Commerce, and Ways & Means Medicaid Provision to Support Nurse Home Visiting*
Amended Law	Section 1905 of the Social Security Act
Authorizing Agency	U.S. Department of Health and Human Services (DHHS), Center for Medicare and Medicaid Services (CMS)
Funding	<i>Section 1905(B) of the Social Security Act</i> This bill maintains the regular federal matching rate and Medicaid cost sharing for nurse home visitation services.
State Match	Federal matching formula varies by state
Use of Funds	Funds will be used to cover optional nurse home visitation services.
Authorization Language	Amends section 1905; allows state Medicaid programs to cover home visits by trained nurses to families with a first-time pregnant woman or a child less than 2 years of age who is eligible for Medicaid.
Eligibility	Population: The term “nurse home visitation services” is defined as home visits by trained nurses to families with a first-time pregnant woman, or a child (under two years of age) who is eligible for medical assistance.
Application	Nurse home visiting programs can apply for service reimbursement under the state Medicaid structure.
Language re: “evidence-based” models	...based upon evidence that such services are effective in one or more of the following: <ul style="list-style-type: none"> • Improving maternal or child health and pregnancy outcomes or increasing intervals between pregnancies. • Reducing the incidence of child abuse, neglect, and injury, improving family stability (including reduction of incidence of intimate partner violence). • Increasing economic self-sufficiency, employment advancement, school, readiness, and educational achievement, or reducing dependence on public assistance.
State Reporting	Report in accordance with CMS regulations
HHS Reporting	Report in accordance with CMS and Congressional regulations
Designated State Officer	State Medicaid Director

* The Medicaid provision is not included in the Senate health care reform bill.