



Using Medicaid to Finance Home Visiting Services

June 6, 2023

Vision: Healthy Communities, Healthy People

Maternal and Child Health Bureau (MCHB)



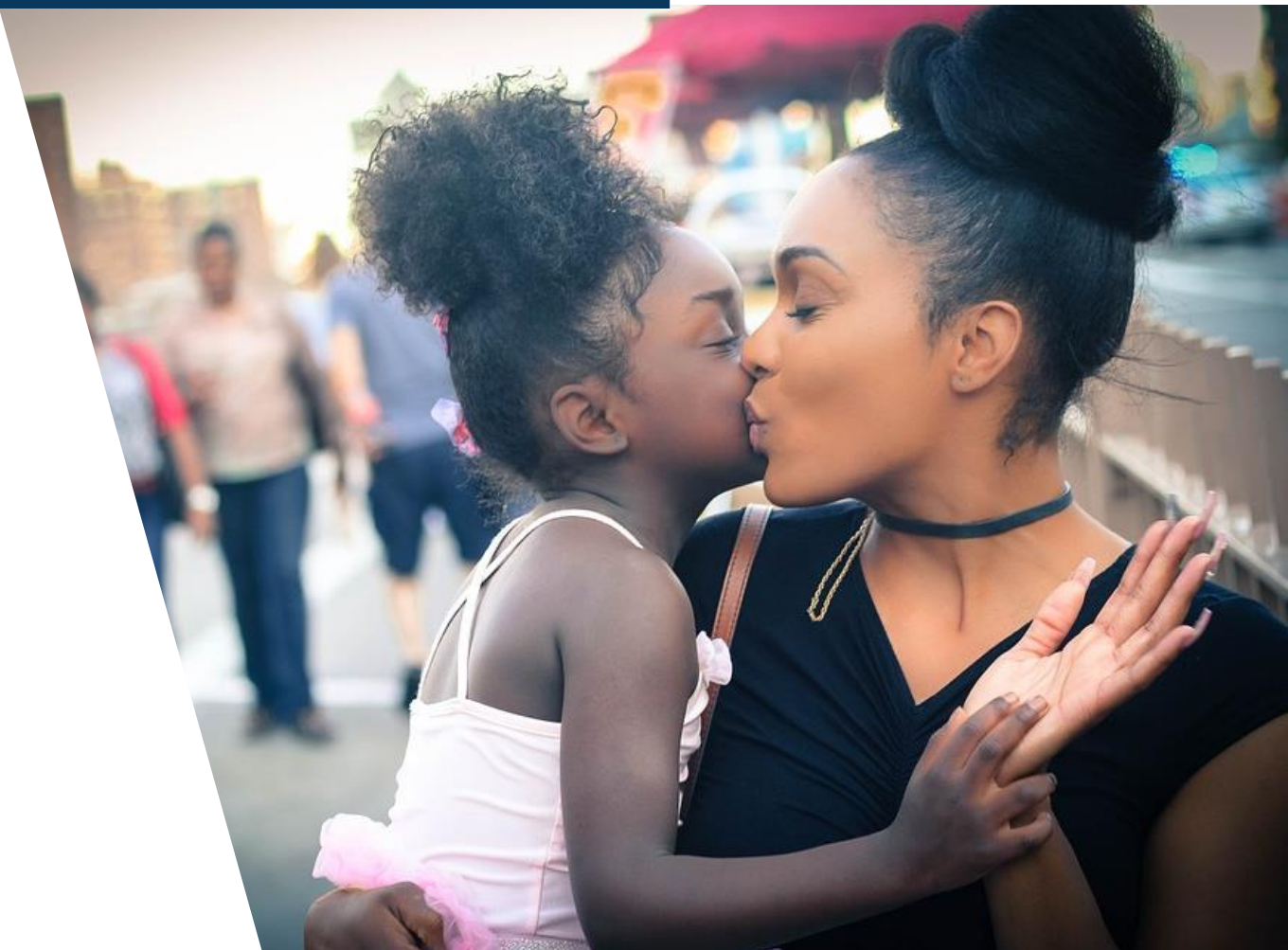
Welcome!



Sally Baggett

Programmatic TA Specialist

MIECHV Technical Assistance Resource Center



Participation Reminders



To listen, join via computer audio.



Please use the chat feature for comments and questions.



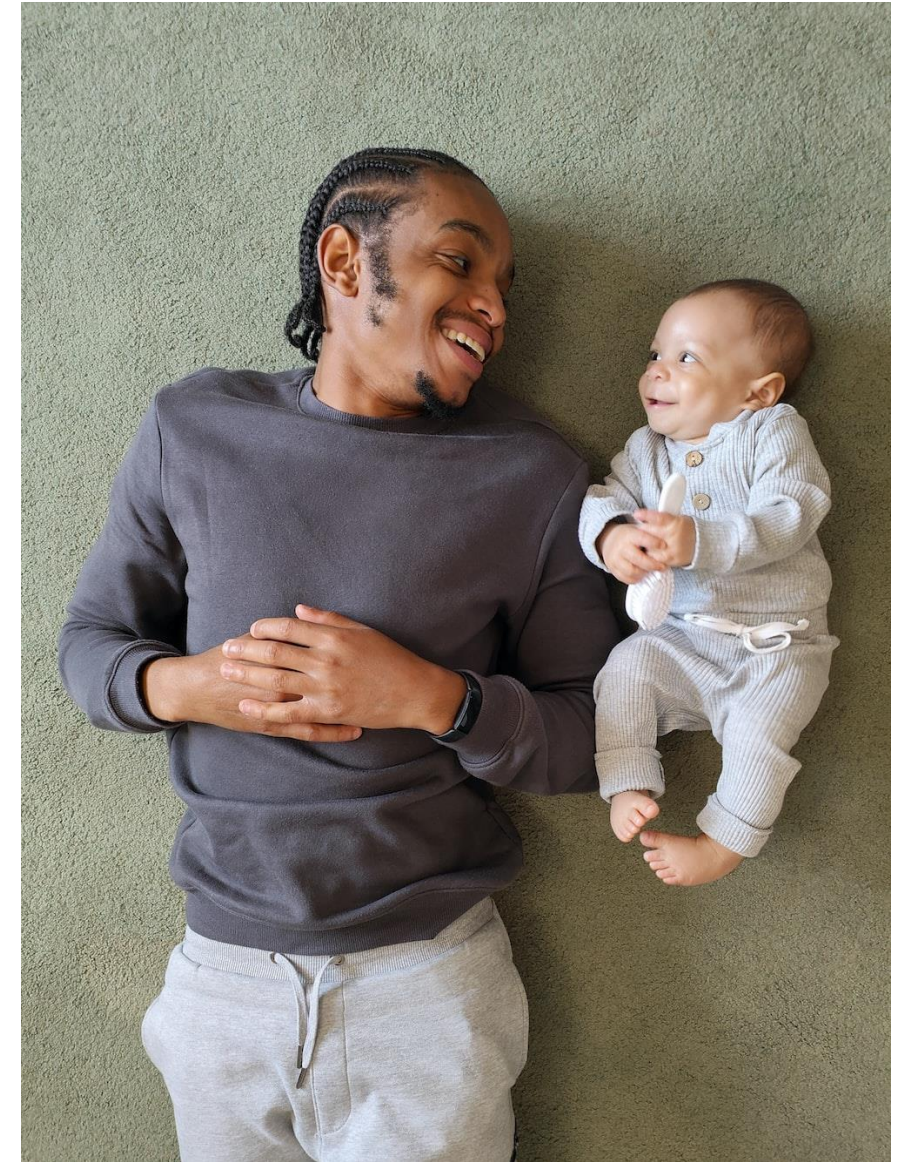
We are recording today's webinar.



The webinar slides, recording, and any follow-up materials will be shared with registrants via email.

Today's Discussion

- National Overview: Medicaid Financing of Home Visiting Services
- State Medicaid Programs Reimbursement for Home Visiting: Findings from a 50-State Analysis
- Considerations for Advancing Medicaid Reimbursement for Home Visiting
- Opportunities for Awardees to Support their LIAs in this Work



Participant Prompt

What's one thing you are hoping to get out of today's discussion?



Today's Speakers



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Medicaid Financing of Home Visiting Services

About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



Our Mission and Vision



Vision

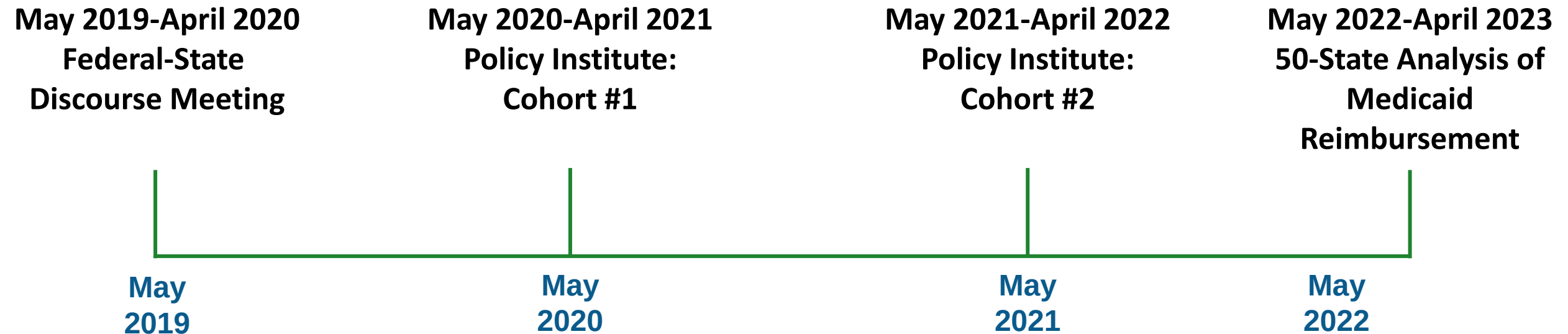
To improve the health and well-being of all people across every state.



Mission

To be of, by, and for all states by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities, and advance high quality and affordable health care.

NASHP Home Visiting Work Overview





National Overview: Medicaid Financing of Home Visiting

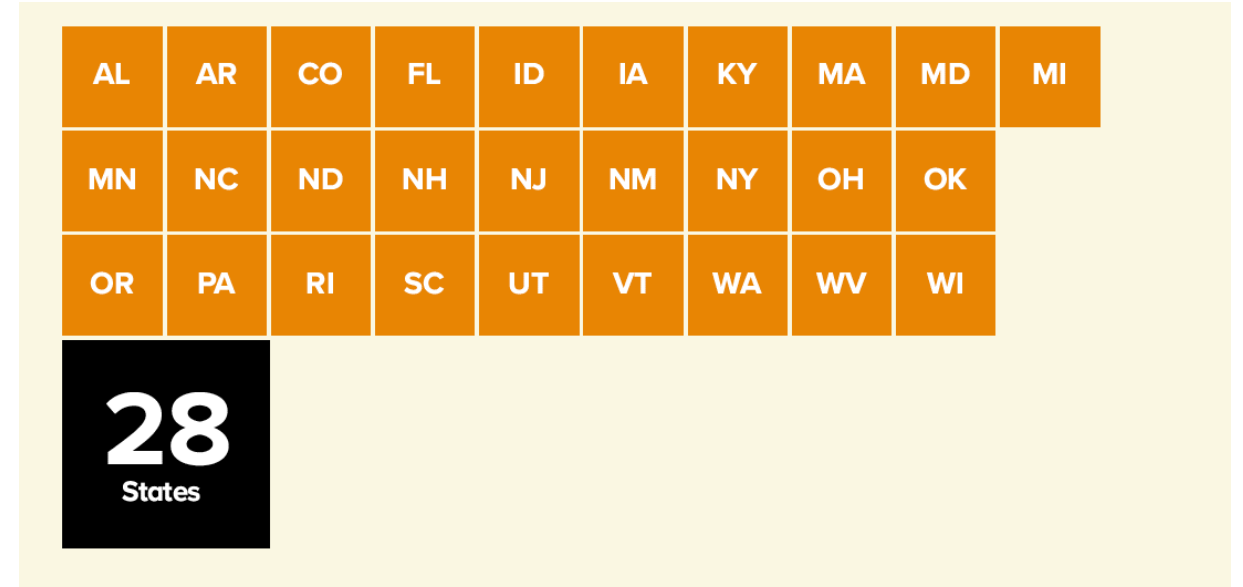
Financing of Home Visiting Programs

States use an array of private and public funds to support home visiting programs. State and federal funding sources may include:

- Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Medicaid
- Title V Maternal and Child Health Services Block Grant
- Temporary Assistance for Needy Families (TANF)
- State General Revenue Funds
- Child Abuse Prevention Funds
- Children's Health Insurance Program (CHIP)
- Title IV-E Prevention Services (Family First Prevention Services Act of 2018)

Summary Findings: Medicaid and Home Visiting

- **28 states** cover home visiting under Medicaid
- Most (**22**) use a Medicaid **state plan amendment**
 - **10** use Targeted Case Management (TCM)
 - **5** use extended services to pregnant women
- **8** use a **Medicaid program waiver**
- **13** require a specific **HomVEE model** for Medicaid reimbursement



Medicaid Financing of Home Visiting

Home visiting is not a mandated or fully defined set of services under Medicaid. To use Medicaid to cover home visiting, states need to:

- Define one or more benefit categories
- Consider which specific services the benefit category may cover
- Submit a State Plan Amendment or Medicaid waiver if appropriate services are not already included in the Medicaid State Plan



Medicaid Funded Components of Home Visiting Programs

- Screening
- Case Management
- Family Support, Counseling and Parent/Caregiver Skills Training

Federal Medicaid Financing Authorities for Home Visiting: Mandatory Benefits

Financing Mechanism	Population Served	Key Considerations for Home Visiting Financing
Traditional Medical Assistance Services	All Medicaid beneficiaries statewide	• No additional state plan amendment is needed • Covered by the state's Federal Medical Assistance Percentage (FMAP) rate • Only services defined as "medical assistance" are covered (may not include all educational and case coordination activities)
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	All Medicaid beneficiaries statewide under age 21	• Covers a comprehensive set of services (e.g., screenings, case management, counseling) that can be provided in the home • Pregnant women ages 21 or older are not eligible to receive services through this option
Preventive Services	All Medicaid beneficiaries statewide	• Covers preventive care and screenings for infants, children, pregnant women (and adolescents, as recommended) in evidence-based guidelines supported by HRSA • Contraceptive methods and patient education and counseling on reproductive health • Tobacco cessation services

Federal Medicaid Financing Authorities for Home Visiting, Optional Benefits

Financing Mechanism	Population Served	Key Considerations for Home Visiting Financing
Targeted Case Management (TCM)	States identify targeted groups (e.g., pregnant people)	• Allows state to direct home visiting services to specific populations and/or geographic areas • States can define the qualifications of providers who deliver these services • Requires a state plan amendment • Medical services are not part of TCM
Enhanced Pregnancy Benefit	Pregnant Medicaid beneficiaries	• Allows states to target home visiting services to help ensure delivery of prenatal and postpartum services • Requires a state plan amendment • Only available during pregnancy and up to 60 days postpartum
Administrative Case Management	All Medicaid beneficiaries statewide	• Does not require a state plan amendment • Provides states flexibility in determining the entities that can provide home visiting services • Does not cover direct medical services

Federal Medicaid Financing Authorities for Home Visiting, Waiver Authorities

Financing Mechanism	Population Served	Key Considerations for Home Visiting Financing
1115 Demonstration Waiver	May be statewide or focused on specific populations	• Allows states to waive freedom of choice of provider, comparability, and state-wideness • Time- and resource-intensive, as typically involves extensive state and federal review • Must be budget-neutral • Limited to five years
1915(b) Medicaid Freedom of Choice Waiver	May be statewide or focused on specific populations	• Allows states to waive freedom of choice of provider, comparability, and state-wideness • Cost savings can be used to provide additional services to beneficiaries, such as non-medical services • Waivers must be cost-effective based on actuarial rates. • Limited to two years



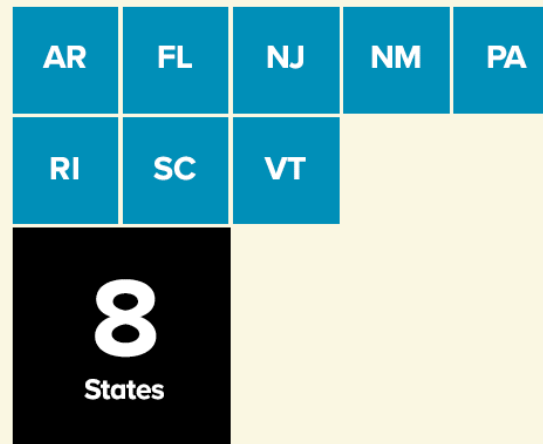
Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis

Federal Authorities and Benefit Categories

Medicaid State Plan



Medicaid Program Waiver



Medicaid State Plan Authorities:

- **10 states** use targeted case management (TCM)
- **5 states** use extended services to pregnant women
- **3 states** use Early and Periodic Screening, Diagnostic and Treatment

Waiver Authorities:

- **6 states** use 1115 demonstration waivers
- **2 states** use 1915(b) waivers

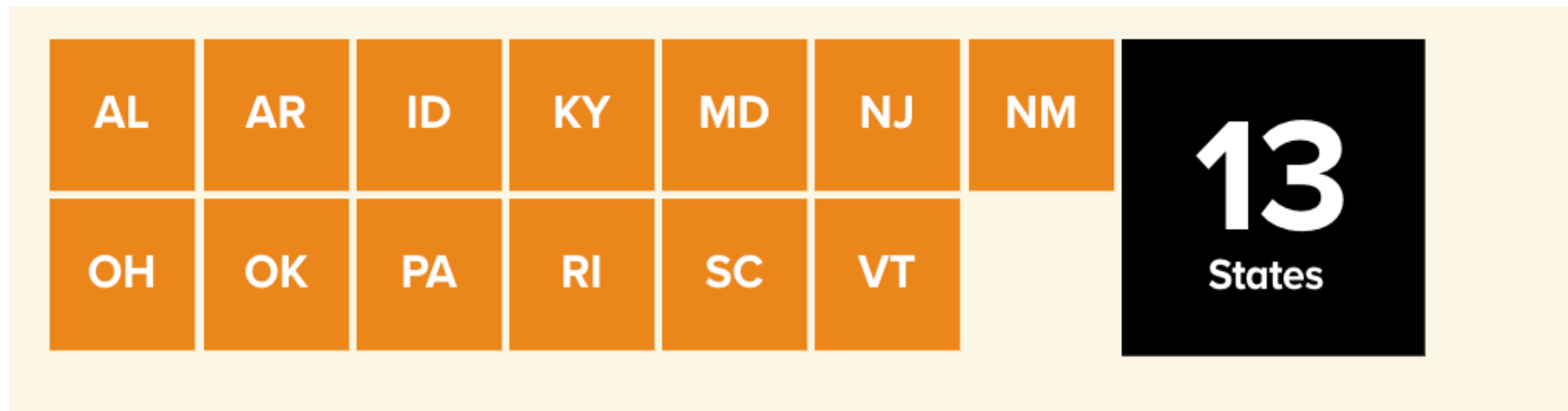
Scope of Medicaid Allowable Home Visiting Services

Assessment	AL, AR, CO, FL, IA, MD, MI, MN, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, UT, WI
Case Management	AL, ID, ND, PA, UT, VT, WA, WI
Development of a Care Plan	AL, CO, KY, MI, NY, OR, RI, SC, UT, WI
Referral to Services	AL, AR, CO, FL, IA, KY, MA, MD, MI, NC, NM, NY, OK, OR, RI, SC, WA
Monitoring and Follow-up Activities	AL, AR, CO, KY, ND, NH, NY, OR
Screening	MA, MD, NJ, NM, OH, PA, RI, SC, VT, WA
Skills Building and Education	AR, FL, IA, MA, MD, MI, NC, ND, NH, NJ, NM, OH, OK, OR, RI, SC, VT, WA, WI
Health Promotion and Counseling:	MN, NC, NJ, NM, OH, PA, RI, SC, VT, WI

Required Use of Specific HomVEE Model(s)

Half of states (13) require use of a specific [HomVEE](#) model to receive Medicaid reimbursement:

- **Nurse-Family Partnership** (11 states)
- **Parents as Teachers** (6 states)
- **Healthy Families America** (4 states)
- **Health Access Nurturing Development Services** (1 state)



Reimbursement Structures for Home Visiting

Fee-for-Service (FFS) Payment

AR	CO	FL	ID	IA
KY	MD	MI	MN	NC
ND	NH	NM	NY	OH
OR	PA	RI	SC	UT
VT	WA	WI		

23
States

Per Member Per Month (PMPM) Payment

AL	AR	MI	NH	NJ
OH	OK	PA	VT	

9

States

Medicaid Eligibility Criteria for Home Visiting Services

All states that offer home visiting services under Medicaid have specific eligibility criteria

- **27 states** have eligibility criteria specific to **pregnant and/or postpartum people**
 - Most states limit home visiting services for this population to the postpartum period (e.g., 12-24 months)
- **19 states** have eligibility criteria specific to **children, infants, or newborns**
 - Length of coverage varies (e.g., 72 hours of discharge to up to age 21)

Reimbursement Structure

23 states provide home visiting via **FFS**

9 states provide home visiting as a **PMPM payment**



Considerations for Advancing Medicaid Reimbursement for Home Visiting

Future Opportunities to Advance High-Quality Home Visiting Services



Targeted technical assistance to support strategic use of multiple funding sources (e.g., use of MIECHV funds to help stand up and/or expand home visiting programs until self-sustaining under Medicaid)



Opportunities to address administrative burdens of Medicaid reimbursement for home visiting programs (e.g., bundled payments, billing hubs, dedicated training opportunities, clearly defined allowable services)



Strategies to build a sustainable workforce (e.g., cross-training providers and/or telehealth, hybrid approaches)

Key Strategies, Emerging Priority Areas and Ongoing Challenges

- Strategic use of multiple funding sources (e.g., MIECHV, Medicaid funds)
 - Need to determine which funding streams are best suited to specific services/costs
 - Availability of Medicaid administrative funding
 - Use of MIECHV for implementation and targeted expansion with goals for self-sustaining under Medicaid
- Opportunities to alleviate administrative burdens of Medicaid reimbursement
 - Bundled Medicaid payments for home visiting services
 - Billing hubs and role of managed care entities
 - Dedicated training for Medicaid claiming (e.g., co-locate training with annual home visitor conference)

Key Strategies, Emerging Priority Areas and Ongoing Challenges, cont'd

- Alignment of home visiting services and state Medicaid reporting requirements (e.g., [Medicaid Maternity and Perinatal Core Set](#) or [Children's Health Care Quality Measures](#))
- Persistent workforce challenges (particularly in rural areas)
 - Cross-training of home visitors and enrollment as Medicaid providers
 - Enhanced Medicaid reimbursement rates
 - Telehealth and Medicaid reimbursement
- Increased efforts to integrate other funding (e.g., Title IV-E) funded home visiting services within existing MIECHV and Medicaid initiatives

Related Maternal and Child Health Policy Considerations

Unwinding of the Public Health Emergency

- Impacts on Medicaid enrollment and eligibility among postpartum people, children, and families
 - Loss of coverage
 - Elimination of certain Medicaid waiver and statutory flexibilities
- Unwinding happening simultaneously with postpartum coverage extension – creates administrative challenges

Medicaid Postpartum Coverage Extension

- American Rescue Act of 2021 provided option to extend postpartum coverage up to 12 months postpartum via state plan amendment (effective April 1, 2022)
- Prior to April 1, 2022, states pursued this option via a Section 1115 waiver
- At least 31 states and DC have taken up this option

Maternal Health Providers

- States increasingly seeking Medicaid reimbursement for:
 - [Doulas](#)
 - [Midwives](#)
 - [Community health workers](#)
- Opportunities for alignment with home visiting programs
- Potential strategy to address workforce and/or billing challenges

Selected NASHP Resources

NASHP Home Visiting Resources:

- [Medicaid Reimbursement for Home Visiting Services](#) (May 2023)
- [State Medicaid Financing of Home Visiting Services in Seven States](#) (August 2021)
- [Public Insurance Financing of Home Visiting Services: Insights from a Federal/State Discussion](#) (November 2020)
- [Medicaid Financing of Home Visiting Services for Women, Children, and Their Families](#) (August 2017)

Other Relevant NASHP Resources:

- [Midwife Medicaid Reimbursement Policies by State](#) (updated April 2023)
- [State Efforts to Extend Medicaid Postpartum Coverage](#) (updated April 2023)
- [State Medicaid Approaches to Doula Service Benefits](#) (updated April 2023)

Thank you!



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Opportunities for Awardees to Support Their LIAs in This Work

Convene Strategic Planning with LIAs

Don't just jump...use a process

- Do internal and external capacity assessment
- Establish priorities and goals
- Define resources and tactics
- Set timelines and metrics



Ensure Fiscal Capacity and Management

- Increase awardee and LIA knowledge about braiding multiple funding streams
- Provide technical assistance (TA) and training, as needed, to improve fiscal management policy and procedures
- Ensure that fiscal infrastructure and fiscal practice at the awardee and LIA levels are sufficient to manage the complexities of Medicaid billing and braiding of MIECHV funds



To access the tool, go to:
<https://public.huddle.com/b/wEeKkk/index.html>

Explore Expansion Planning with LIAs

- Consider feasibility studies and analysis to explore:
 - Current strengths
 - Expansion potential
 - Capacity challenges
 - Geographic spread
- Build the capacity of providers not yet ready to implement



Help Establish Medicaid-related Structures

Provide training and/or TA to navigate billing procedures. Possible topics and formats include:

- Billing guidance and process templates/flow charts
- Best practice records management
- Auditing requirements
- Peer sharing for tracking tips and mutual problem solving



Help Establish Medicaid-related Structures, cont.

- Support data system upgrades (if necessary) to provide timely and accurate data on utilization and outcomes
- Help LIAs assess staffing infrastructure to identify potential staffing/resource needs



Promote Use of CQI to Address and Implement Necessary Course Corrections

- Address implementation challenges, including family identification, recruitment, and retention
- Promote dialogue, when appropriate, with program models (e.g., permission to adapt models or innovate)

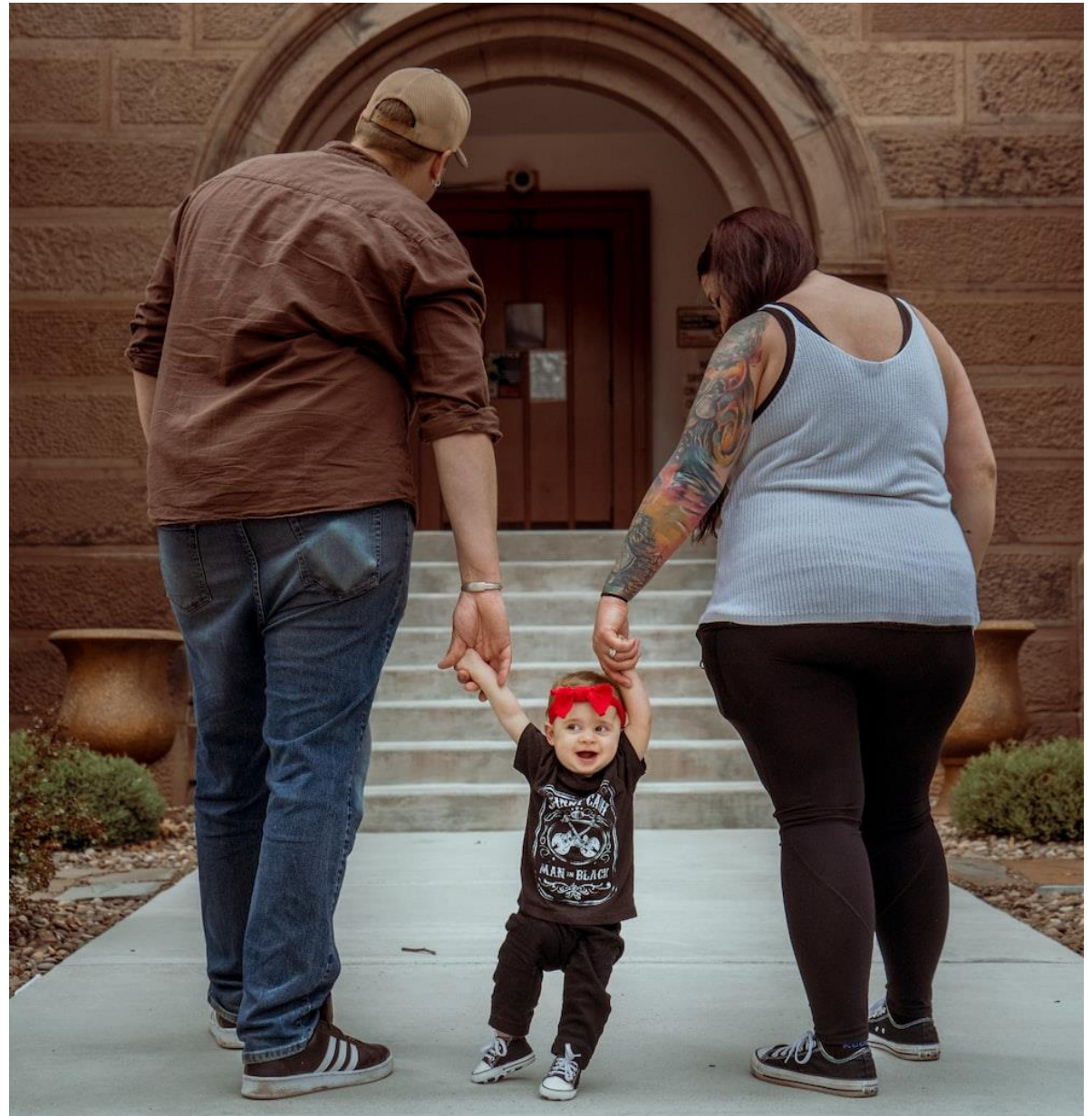




Build Political Will and Promote Public Relations

- Sustain strong partnerships between the MIECHV awardee and Medicaid administration to facilitate planning for new financing and services, address challenges, and promote positive messaging for families and communities
- Ensure ongoing partner engagement and support at the awardee/state level and assist LIAs with maintaining support at the LIA/local level

Questions for Presenters



We Value Your Feedback!

Please complete this evaluation survey from today's webinar:

https://edc.co1.qualtrics.com/jfe/form/SV_0xNarAuTgjgjGcK

Your feedback helps inform future TARC webinar offerings.



Closing Poll

What action are you planning on taking based on attending today's webinar? (Check all that apply)

- I will share the materials from today's webinar with a colleague.
- I will review NASHP's 50-State Analysis to familiarize myself with my state's current status.
- I will reach out to my state Medicaid counterpart (e.g., state EPSDT coordinator, maternal and child health Medicaid program coordinator) to begin the discussion around financing home visiting.
- I will work with my team to assess our current infrastructure to expand to Medicaid financing.
- I will engage our LIAs in assessing strengths and challenges around possible expansion to Medicaid financing.
- I am not yet sure of my next steps.
- Other (please add in the chat)

Thank you for your participation!

Additional Questions?

Reach out to the TARC team at
TARC@edc.org.





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