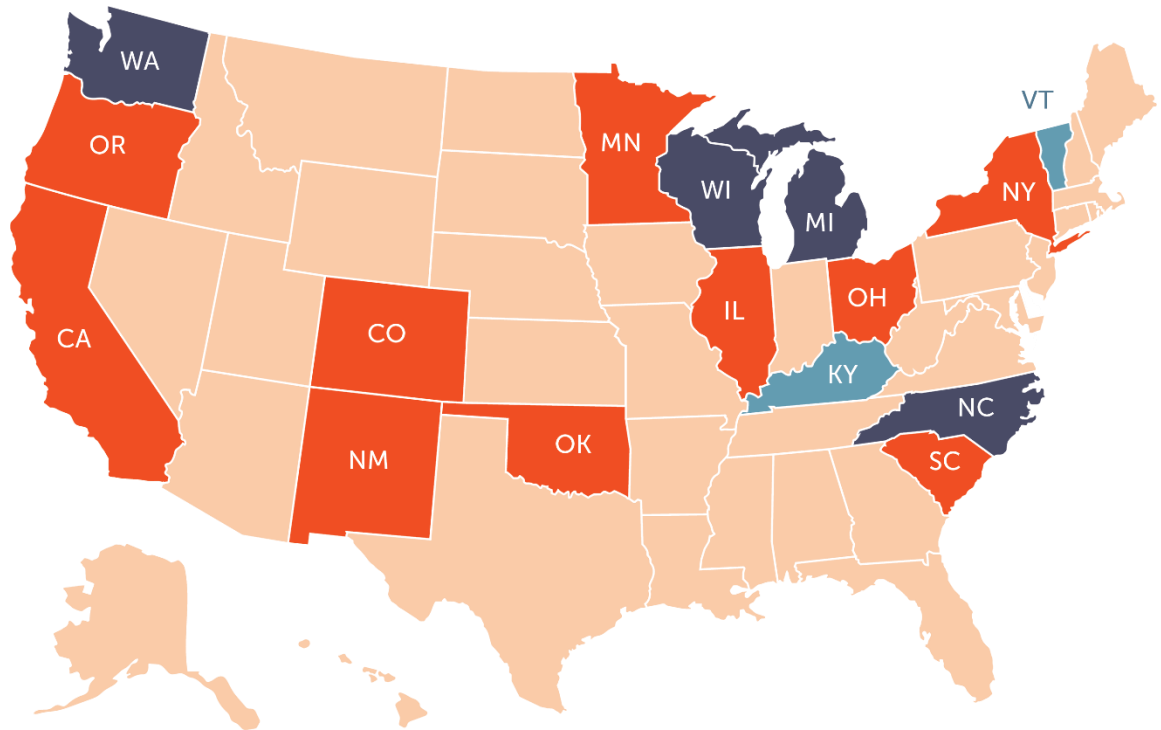




# State Medicaid financing and home visiting programs

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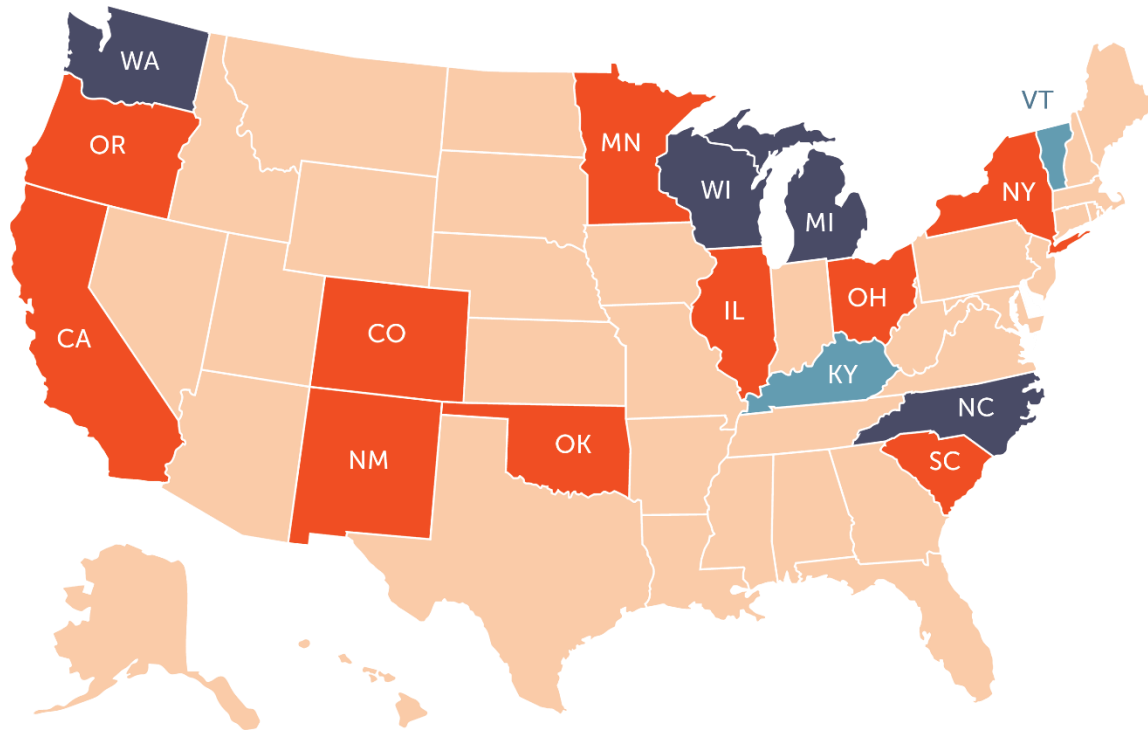


Proprietary home visiting models such as **Nurse Family Partnership, Parents as Teachers, or Family Connects** receive some Medicaid reimbursement for allowable services.

State-developed maternal-infant case management programs provided in both the home and clinic setting and fully funded by Medicaid.

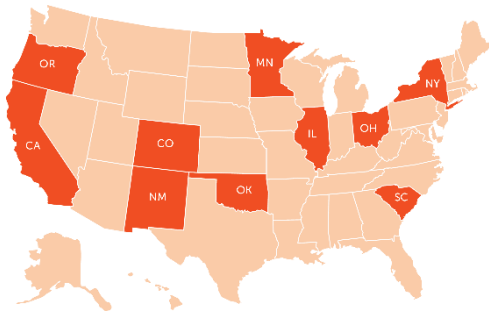
State-developed maternal-infant case management programs funded by Medicaid that also meet Department of Health and Human Services' **Home Visiting Evidence for Effectiveness (HOMVEE)** criteria for **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**.

# State Medicaid financing and home visiting programs

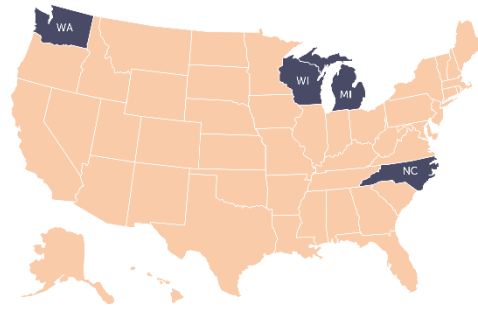


- ▶ States accessing Medicaid financing for proprietary home visiting mostly use Targeted Case Management (TCM).
- ▶ Emerging approach: integration with managed care as a payment mechanism
- ▶ States vary in their payment approaches using fee-for-service by timed unit or visit, developing encounter rates, assigning a cost per enrollment slot, or establishing a prospective payment approach.
- ▶ Home visiting services are most commonly administered through the state or community health department.

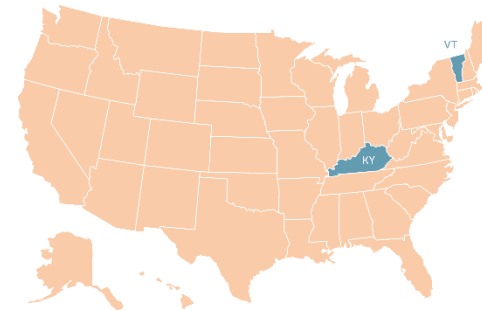
# Most common Medicaid authorities



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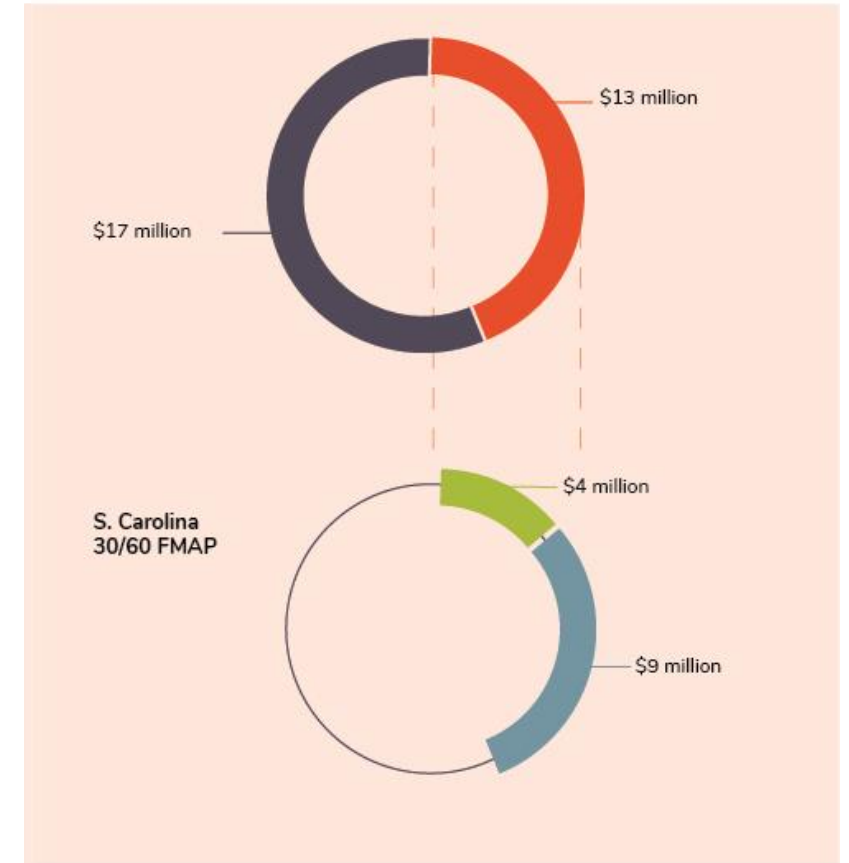
- Targeted case management
- Waiver
- 60-day postpartum eligibility period
- Early and periodic screenings, diagnostic, and treatment

# South Carolina PFS 1915b



▶ S. Carolina expanded Nurse Family Partnership (NFP) home visiting by combining a Medicaid 1915b waiver with a Pay-for-Success braided funding portfolio between philanthropic, state and federal dollars approach. Roughly speaking, over the life of the CMS-approved waiver (5 years):

- ▶ NFP to serve additional 3,200 first-time at-risk mothers in select counties
- ▶ Total project budget of ~\$30 million
- ▶ ~\$17 million invested by private philanthropists to cover the up-front costs of expanding the NFP model, and to cover the NFP model costs not allowed for reimbursement under Medicaid.
- ▶ ~\$13 million “Medicaid for CMS-allowed services” which should be further pulled-out to show the S. Carolina 30/60 FMAP
  - \$4 million state allocated match
  - \$9 million federal reimbursement
- ▶ NFP provider organizations can bill an encounter rate per home visit of \$176.00, with a maximum of 40 home visits during eligibility
  - No more than 15 prenatal
  - No more than 8 postpartum
  - No more than 17 home visits for the eligible child



# Typical provider requirements to draw down Medicaid funding

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- ▶ At least an associate's degree plus experience and supervision
  - ▶ Some models require licensed/registered nurses
  - ▶ Some models require licensed mental health professionals
- ▶ Home visiting model affiliation
- ▶ Certification as a case management agency
- ▶ Medicaid enrolled provider



# What's next for Washington

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- ▶ Pursue alignment & coordination between home visiting and Medicaid
- ▶ Negotiate state plan amendment for allowable home visiting services
- ▶ Strengthen existing Medicaid maternal and infant health case management program

