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Home Visiting in Maryland: Opportunities & Challenges for Sustainability

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An Overview of Home Visiting

From the time of conception to the first day of kindergarten, a child's development progresses rapidly at a pace exceeding that of any subsequent stage of life (Shonkoff & Phillips, 2000). Unfortunately, at this most critical of developmental stages, many infants and toddlers live in vulnerable circumstances (Zero to Three Policy Center, 2007). Home Visiting programs offer information, guidance and support. These programs operate from the assumption that services delivered in the home positively impact families and that, by changing parenting practices, there are measurable and long-term benefits for children's development. However, Home Visiting is a method of service delivery and not necessarily a theoretical approach or specific program model. Individual programs vary with respect to the age of the child served, the focus on particular family risk factors, the range of services offered, the intensity of the home visits, the content of the curriculum that is used in the program, the expertise of the individuals providing the services (typically nurses vs. paraprofessionals), how effectively the program is implemented, and the range of outcomes observed.

What is the difference between a Home Visiting program and service?

- Home Visiting programs: consist of a variable but comprehensive set of services, including medical care, behavioral health care, social services, and health education
- Home Visiting services: may be discrete medical, social, or educational activities conducted in the home.

There has been an infusion of federal grant funds under the Patient Protection and Affordable Care Act[1] (ACA; "health care reform") which is driving interest in expanding and sustaining Home Visiting programs. The ACA established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program as part of Title V-Section 511 of the Social Security Act. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines Home Visiting under MIECHV as an evidence-based program that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting) (HRSA, 2010). The difference between Home Visiting programs and Home Visiting services is highlighted in the insert above.

HHS List of 9 Evidence-Based Home Visiting Programs (Paulsell & Coffee-Borden, 2010).

- Early Head Start (EHS) – Home Visiting Option
- Family Check-Up (FCU)
- Healthy Families America (HFA)
- Healthy Steps (HS) for Young Children
- Home Instruction Program for Preschool Youngsters (HIPPY)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- Early Intervention Program for Adolescent Mothers (EIP)
- Child FIRST

The MIECHV funding is allocated through both formula and competitive funding, with the formula grants based on the percent of children in poverty. This program has strong linkages to the federal Maternal and Child Health (MCH) Block Grant and the other federal MCH programs. Funding through MIECHV may only support evidence-based Home Visiting programs that meet federal criteria: nine Home Visiting programs have been identified as such (see insert). States may opt to allocate up to 25% of funding for "promising" home visiting models that do not meet federal criteria, but such programs must be rigorously evaluated to

[1] PL 111-148; references to ACA include the compilation of the Patient Protection and Affordable Care Act with the health-related portions of the Health Care and Education Reconciliation Act of 2010 (PL 111-152)

become evidence-based. Under MIECHV, programs must be implemented in response to findings from a needs assessment and must be offered on a voluntary basis to pregnant women or children birth to age 5 (HRSA, 2010).

The following participant outcomes were identified specifically for MIECHV in the ACA in Title II, Subtitle L, §2951:

- Improvements in maternal and child health;
- Prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and,
- Improvements in the coordination and referrals for other community resources and supports.

In general, Home Visiting programs have been shown to improve the short-term health of children and mothers and to reduce overall health care expenditures associated with chronic disease later in life (Witgert, Giles, & Richardson, 2012). Use of Home Visiting programs within the prenatal to pre-kindergarten continuum of care can help prevent more long-term costs and promote healthy social and emotional development in later years (Maryland Department of Health and Mental Hygiene (DHMH), 2012). Services provided in the home environment eliminate many of the barriers to treatment (i.e. transportation and child care) that might otherwise prevent families from taking advantage of necessary services.

As indicated above, there is a wide variety of Home Visiting programs operating nationally. Due to this variability, the research has shown mixed results with regard to the effectiveness of Home Visiting generally. (As noted above, there are nine programs that have been identified by HHS as being evidence-based.) In general, Home Visiting programs have demonstrated:

- improved parenting skills;
- increased parental self-confidence;
- establishment of foundations for children's later success in school (Witgert, Giles, & Richardson, 2012);
- strengthened attachment;
- promotion of health and safety;
- reduction in the potential for child maltreatment; and,
- improved healthy development of the child (DHMH, 2012).

Home Visiting in Maryland:

Maryland has multiple Home Visiting programs. The Maryland Maternal and Infant Home Visiting Program identified that five of the nine programs delineated by HHS as evidence-based are being implemented in Maryland:

- Nurse-Family Partnership;
- Healthy Families America;
- Parents as Teachers;
- Home Instruction for Parents of Preschool Youngsters (HIPPY); and,
- Early Head Start-Home Based Model (DHMH, 2012).

The Maryland Maternal and Infant Home Visiting Program has noted that there are other Home Visiting programs in Maryland, including Baltimore City's Healthy Start program and the Maryland State Department of Education's Infants and Toddlers Program, that provide family support and education focused on the family's needs. There are also numerous programs that include Home

Visiting services as a component of their service delivery model.

A comprehensive State Plan for Home Visiting has been developed as part of Maryland's implementation of the Affordable Care Act and each Maryland jurisdiction will be creating a plan for its specific communities. These plans will assist the State and local jurisdictions in addressing gaps and bringing Home Visiting to more families as funding becomes available (DHMH, 2012).

Funding of Home Visiting

States, local governments, and private organizations finance Home Visiting programs through a variety of methods. There are multiple federal funding streams that can be accessed to support Home Visiting programs, in part or in total. Some common federal sources of funding for Home Visiting include Social Security Act funding (Temporary Assistance to Needy Families [TANF]), Title IV-B Promoting Safe & Stable Families, Title V Maternal and Child Health (MCH) Services Block Grant, and Medicaid) and the Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) (Witgert, Giles, & Richardson, 2012).

Within Medicaid specifically, there are a number of different payment mechanisms that can be accessed to finance Home Visiting. In a recent publication from the Pew Home Center on the States and the National Academy for State Health Policy (NASHP), *Medicaid Financing of Early Childhood Home Visiting Programs*, Witgert, Giles & Richardson (2012) identified that there are five Medicaid financing mechanisms that are in use by states: targeted case management, administrative case management, enhanced prenatal benefits, traditional medical assistance services, and managed care. This same report noted that there are additional Medicaid financing mechanisms that *may* be of particular relevance to states in funding Home Visiting programs: Medicaid Preventive Services; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); and 1915(b) Freedom of Choice Waivers.

In Maryland, Home Visiting programs are financed through the MCH Grant Program and MIECHV Program (through DHMH); Promoting Safe and Stable Families grants from Title IV-B of the Social Security Act (through the Department of Human Resources [DHR]); and through general fund sources, including through the Maryland State Department of Education (MSDE) and the Children's Cabinet Interagency Fund (CCIF). Local Management Boards and Local Health Departments also have made investments in Home Visiting programs (see Appendix A for an initial scan of Home Visiting programs in Maryland). A variety of funding streams means that services are administered by a variety of state agencies. Different state agencies approach Home Visiting from different perspectives such as health related (DHMH), education/school readiness (MSDE), and child abuse prevention (DHR).

State Medicaid agencies are often involved as payers when particular Medicaid-reimbursable services that are part of a Home Visiting program are delivered to Medicaid enrollees. Less frequently, agencies themselves administer a Home Visiting program for their enrollees (Witgert, Giles, & Richardson, 2012). In Maryland, the somatic and substance use services are provided through a Managed Care Organization to those individuals enrolled in Medicaid and the Maryland Children's Health Insurance Program (MCHP). Under the MCO structure, the State pays a capitated rate to the MCO per member per month (PMPM), and the MCO is responsible for reimbursing the providers. Encounter data is provided to the State, but specific data on how much services cost is more difficult to identify as the State is paying a set PMPM and not reimbursing on a fee-for-service basis.

In some states, the MCO offers Home Visiting programs to provide cost effective interventions to pregnant women and young children but they are not an explicit component of the State's contract

with the MCOs (Witgert, Giles, & Richardson, 2012). Maryland has one program in its Code of Maryland Annotated Regulations (COMAR) that is clearly identified as a Home Visiting program: Healthy Start (COMAR 10.09.38). During State Fiscal Year 2011, 19,148 women accessed services through Healthy Start, mostly in the form of encounters with physicians (The Hilltop Institute, 2012).

The *Medicaid Financing of Early Childhood Home Visiting Programs* (Witgert, Giles & Richardson, 2012) report highlights the use of Medicaid and other federal, state, local and private funding for Home Visiting through case studies on six states. While no single state has perfected coordination and financing of Home Visiting programs and services, the case studies can assist Maryland in next step planning. In Kentucky, a data analysis showed that 90% of the mothers participating in Home Visiting programs were Medicaid-eligible; as a result of this analysis, Kentucky reallocated state funds to provide for the state costs for a Medicaid State Plan Amendment that made Home Visiting available statewide to all Medicaid-enrolled first-time parents. Michigan developed critical relationships among the state's public health and Medicaid agencies and MCOs that allowed for Home Visiting services to penetrate a high volume of Medicaid beneficiaries, even in a changing Medicaid managed care environment. Similarly, in Minnesota, Home Visiting is not a required managed care benefit, yet all of their MCOs have added it as a service due to the proven cost effectiveness and quality of the model, with some even adding financial incentives (i.e. gift cards) to clients receiving Home Visiting services. In 2010, Vermont initiated a pilot designed to address service system gaps, including care coordination, which allowed three communities to receive a bundled rate for Home Visiting that allows for provision of services for non-Medicaid eligible families after serving a minimum Medicaid beneficiary caseload. Finally, Washington leveraged funds by legislatively establishing a home visiting account that aligned federal MIECHV funds, state general funds and private match dollars to increase the number of families served through Home Visiting programs (Witgert, Giles & Richardson, 2012).

> *All of Minnesota's Managed Care Organizations (MCOs) have added Home Visiting as a service due to the proven cost effectiveness and quality of the model, with some even adding financial incentives to clients receiving Home Visiting services (Witgert, Giles & Richardson, 2012).*

Challenges Facing Home Visiting Programs in Maryland

Maryland is fortunate to have numerous Home Visiting programs in operation across the State that have been developed and implemented by stakeholders at the state and local levels. However, there are two primary challenges facing Maryland as it looks ahead: 1) insufficient capacity to serve the total population of potentially eligible women and children and 2) fragmentation across the State in terms of funding, program requirements and eligibility, and data collection. With regard to the first challenge, the total capacity of Home Visiting programs is sufficient only to serve a small percentage of estimated eligible families who would choose to participate (DHMH, 2012). The second challenge—which involves fragmentation across the State—has both its strengths and weaknesses. Multiple funding streams with subsequent variability in data collection processes, and diversity in models mean that there is more flexibility with regard to implementation and local ownership has the potential to be stronger than in a state-run model. However, each funding stream is characterized by its own standards and requirements, including for eligibility, length and intensity of visits, duration of services, and type of services that may be provided. Different entities have access to different types of information regarding the families they serve and the data collected by each program will vary. The complexity of Maryland's Home Visiting landscape poses challenges to determine how to maximize and leverage opportunities and funding to serve families (Governor's Office for Children, 2012).

The 2012 Maryland Joint Chairmen's Report (Maryland General Assembly, 2012) requested that agencies involved with Home Visiting meet to discuss the feasibility to consolidate existing Home Visiting programs under one agency. In response, the agencies recommended against consolidation

due to: varied federal funding streams and associated requirements for each program; potential limitation to the diversity of available programs; potential compromise of local decision-making; lack of net savings as the result of consolidation; and the fact that Maintenance of Effort (MOE) assurance required by MIECHV is not impacted by varied funding mechanisms (Governor's Office for Children, 2012).

Potential Opportunities for Home Visiting Programs in Maryland

Although the agencies did not recommend consolidating Home Visiting programs in Maryland at this time, there was agreement and commitment to improve collaborative support for Home Visiting by increasing coordination for trainings and grant writing, using the reporting requirements of the Home Visiting Accountability Act of 2012 (House Bill 699), developing Home Visiting commonalities, and coordinating data collection (Governor's Office for Children, 2012). The collection of data across Home Visiting programs will be a significant asset to future decision-making efforts. Additionally, there is an opportunity for Maryland to revisit the topic of Home Visiting both during the implementation of health care reform (including the expansion of the Medicaid benefit and establishment of essential benefits) and during the redesign of Maryland's behavioral health system[2]. Agencies involved in the provision of Home Visiting should be active players in both of these redesign and implementation efforts as they both address topics of primary prevention and improving the quality and cost of care.

Among other requirements, the Home Visiting Accountability Act of 2012 *requires that State-funded Home Visiting programs submit regular reports that account for expended funding, identify the number and demographic characteristics of the individuals served, and notes the outcomes achieved by the Home Visiting programs* (House Bill 699).

For those interested in exploring opportunities to better utilize Medicaid in the financing of Home Visiting programs, one first step should be to separate out the components of the Home Visiting programs to determine if providers can bill for all of the required components for Medicaid-eligible participants under Maryland's current Medicaid State Plan. That exercise would assist the State in determining if contract modifications with the MCOs are required to ensure greater use of Home Visiting programs, or if an amendment to the State Plan or some other Medicaid financing tools should be considered. If allowable under the existing Medicaid State Plan, the funding to support Home Visiting would need to be consolidated to ensure the most efficient and transparent use of funding to serve as the State's match to the federal Medicaid funds. This analysis would need to be done in concert with the reform efforts outlined above.

However, it should be noted that the use of Medicaid to fund Home Visiting is only a partial solution, as there is a percentage of mothers and young children who could benefit from Home Visiting but are not eligible for Medicaid or MCHP. As such, consolidation or braided funding may be viable options as the State considers future sustainable financing of Home Visiting programs to serve all pregnant women and young children who are at-risk for many of the negative outcomes that Home Visiting programs seek to address.

The *Medicaid Financing of Early Childhood Home Visiting Programs* report (Witgert, Giles & Richardson, 2012) recommends that states track data on Medicaid eligibility and health outcomes of populations served through ACA-funded MIECHV grant programs, strengthen relationships between Title V and Medicaid State Agencies, and explore use of Medicaid as a potential source of funding to expand Home Visiting programs and ensure their long-term sustainability. The processes of implementing the ACA and redesigning the behavioral health delivery system, while complex, offer opportunities for Maryland to re-assess its Home Visiting programs and financing models to ensure greater sustainability.

[2] Maryland's behavioral health system redesign includes selection of a new Medicaid model by September 30, 2012. For status and meeting dates and times, see http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx

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Appendix A: Initial Scan of Funding for Home Visiting in Maryland

Model	Jurisdictions	Funding Sources
Nurse Family	Baltimore City	MIECHV
	Garrett	Community Partnership, Maryland Community Health Resources Commission, MSDE
HIPPY	Baltimore City	Section 4 HUD and Lockhart/Vaughn foundation, Barbara Bush foundation, Jewish Women's Giving Center, and Wells Fargo
	Baltimore Co.	BCPS/ Title I, Judith P Hoyer Grant
	Calvert	MSDE, United Way, Judy Center
	Tri-County Lower Shore (includes: Worchester, Wicomico, Somerset)	MSDE Judy Center Grant, Wicomico Co public schools and LMB
Healthy Families America	Baltimore City	MIECHV-Training only/ MSDE, LMB, other sources
	Baltimore Co.	MSDE, GOC, Private funds
	Calvert	MSDE, United Way, Judy Center
	Charles	MSDE, Safe and Stable, United Way, Charles County Women United in Giving
	Dorchester	MIECHV, MSDE
	Frederick	State, County
	Garrett	MSDE, Community Partnership
	Howard	LMB/MSDE, In-Kind – HCGH, In-Kind - FCS
	Kent	LMB grant
	Montgomery	State, County, City of Rockville, Private Foundation
	Prince George's	MIECHV- this is brand new for only 1 person (unsure of other sources)
	Queen Anne's	MSDE, GOC, QACDSS, Mental Health Association
	Talbot	County
	Tri-County Lower Shore	MIECHV, MSDE
	Washington	MSDE, Federal, In-kind
Parents as Teachers	Carroll	Judy Hoyer, LMB, CCPS, Head Start Federal
	Howard	County General Funding
Early Head Start	Allegany	Federal, State
	Anne Arundel	Federal, State, In-kind, Community support, Maryland Family Network
	Baltimore City	Baltimore City, Maryland Family Network
	Baltimore Co.	Federal
	Caroline	Federal, Judy Center, MD HS, Maryland Family Network
	Carroll	Federal
	Cecil	Maryland Family Network
	Dorchester	Federal, Maryland Family Network
	Garrett	ACF, GC Community Action Committee
	Harford	Federal, MSDE, County, Fundraising/ Donations, In-kind
	Montgomery	Federal
	Prince George's	Federal
	Talbot	Federal, State, Local, Maryland Family Network
	Tri-County Lower Shore	Federal
Healthy Start	Statewide	Medicaid (Federal/State)