

# Public Policy Update

March 22, 2010

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## House of Representatives Passes Historic Health Care Reform Legislation

Last evening, Congress passed the Patient Protection and Affordable Care Act of 2010 with the House of Representatives' vote of 220-211. This legislation, which was passed on what is known as the "Budget Reconciliation," includes \$1.5 Billion over 5 years in mandatory funding for an innovative Home Visitation Grant Program for States. The President is expected to sign this legislation into law tomorrow. Thus, as of tomorrow, the Home Visitation Grant Program will officially become law. The other legislative components that were part of the Budget Reconciliation bill will be considered by U.S. Senate this week. Democratic Leadership has expressed confidence that the legislation will pass the Senate, paving the way for the President's signature and enactment into law.

**Medicaid Option:** The Medicaid Option was not included in the House-passed reconciliation package. The NFP National Service Office will continue to advocate for the Medicaid Option for States to simplify reimbursement of nurse home visitation services through alternative legislative vehicles.

### What does this new grant program do?

### What are the key components of the program?

The Home Visitation Grant Program includes the following key components:

- **Administering agency:** Created as part of Title V of the Social Security Act, the Home Visitation Grant Program is a separate program from the Maternal and Child Health (MCH) Block Grant. The Home Visitation Grant Program will be administered by the Health Resources and Services Administration (HRSA) in collaboration with the Administration for Children & Families.
- **Statewide needs assessment:** In order to obtain funding in FY2011, the Home Visitation Grant Program requires States to conduct a needs assessment within 6 months of enactment. The needs assessment must identify communities with high concentrations of risk factors in the following areas:
  - Prenatal, maternal and newborn health (including premature births, low birth weight, and infant mortality)
  - Child health and development
  - Poverty
  - Crime (including domestic violence and child maltreatment)
  - Education (including school readiness, achievement, and drop-out rates)
  - Substance abuse
  - Unemployment

States' needs assessments for this program will be separate from but coordinated with other assessments required under Title V and the Head Start Act. These assessments must also address States' capacity to provide appropriate services to the identified communities.

- **State-Determined Benchmarks:** The Home Visitation Grant Program requires States to set quantifiable, measurable 3-year and 5-year benchmarks to demonstrate progress in each of the following areas:
  - Maternal and newborn health
  - Prevention of child injuries, abuse or neglect

- School readiness and achievement
- Reductions in juvenile delinquency or domestic violence
- Family self-sufficiency
- Improvements in referrals to needed services

The benchmarks are subject to approval by the Secretary of the U.S. Department of Health & Human Services (DHHS). At the 3<sup>rd</sup> year and 5<sup>th</sup> year measurements, States must assess their progress in reaching their benchmarks. After the 3<sup>rd</sup> year, States must demonstrate improvement in at least 4 of 6 benchmarks. After the 5<sup>th</sup> year, States must demonstrate improvement in all 6 of the benchmarks. If States fail to meet these benchmarks in the 3<sup>rd</sup> or 5<sup>th</sup> years, they will be required to develop a corrective action plan that includes monitoring by DHHS and periodic reports, and DHHS will provide technical assistance with guidance from a panel of experts.

- **Eligible Home Visitation Program Models:** The Home Visitation Grant Program funds three types of home visitation models:
  1. Program models proven through randomized controlled trial research designs;
  2. Program models proven through quasi-experimental research designs; and
  3. Promising new models that have been developed or identified by a national organization or institution of higher education and will be evaluated through well-designed and rigorous research designs. States may use up to 25% of their allocation to support program models in this category.

Services funded under this program must conform to a clear, consistent home visitation model that demonstrates the following characteristics:

- Existed for at least 3 years and is research-based;
- Grounded in empirically-based knowledge and linked to model-determined outcomes;
- Associated with a national organization or institution of higher education;
- Includes comprehensive home visitation standards that ensure high quality service delivery and continuous program quality improvement;
- Demonstrates positive outcomes.

- **Other Important Requirements and Considerations for States:** Competitive grantees will need to:
  - Meet the process and outcome benchmarks;
  - Employ well-trained staff and specialists as appropriate,
  - Maintain high-quality supervision of the implementation of home visitation models;
  - Possess strong organizational capacity and linkages in the community, and
  - Monitor the fidelity of the program to ensure that services are delivered in accordance with the chosen home visitation model(s).

Priority will be given to grantees who propose providing services to at-risk families (as determined by the statewide needs assessment) and/or other indicators including low-income, young maternal age, and involvement with the child welfare system.

- **Funding:** The Home Visitation Grant Program will provide \$1.5 billion between FY2010 and FY2014 to support home visitation services:
  - Funding for formula grants to States: \$100 million for FY2010; \$250 million in FY2011; \$350 million for FY2012; \$400 million for FY2013; and \$400 million for FY2014.
  - Three percent of total funds will be used to provide home visitation services to Native American families, with eligible entities including Native American tribes, tribal organizations, and urban Native American organizations.
  - Grantees will be required to meet maintenance of effort standards based on previous spending by using new funds to supplement not supplant funds from other sources.

- At the beginning of FY2012, DHHS may determine which other non-profit entities have the capacity to carry out home visitation services and are eligible for unexpended amounts to serve a State that did not successfully apply for a grant.

## What's next? Important steps toward implementation

- **Raise awareness about NFP in your State:** Working with your NFP Regional Program Developer, the NFP National Service Office recommends cultivating relationships with key State agencies including Title V Directors in an effort to position NFP as a resource and eligible home visitation model. The rulemaking process will move forward quickly as the legislation calls for funding in FY2010. State policy makers will be looking to existing home visitation initiatives to guide their initial feedback to HRSA during the rulemaking process, and to complete their needs assessments, develop benchmarks, and prepare applications.
- **Rulemaking Process:** NFP is currently developing rulemaking recommendations regarding the implementation of the Home Visitation Grant Program. Key areas include guidelines regarding technical assistance to States, quality assurance mechanisms, standards of effectiveness for program models, and evaluation criteria for States, among others.
- **Upcoming briefings and guidance:** NFP Policy & Government Affairs staff will disseminate more detailed information as we gather additional intelligence on the development of the Home Visitation Grant Program. In early to mid-April, we will provide informational briefings through in-person, conference call, or webinar meetings. We will also provide recommended rulemaking and implementation priorities for States to consider; suggested talking points; and guidance for States to use in crafting their applications.

If you have questions or need additional information, please contact your regional Program Developer or our Policy & Government Affairs team:

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