

Nurse Home Visitation Medicaid Option

December 2009



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What it Means for Children and Families in New York

New York stands to gain \$21.2 million over 5 years and \$58 million over 10 years in additional federal Medicaid funding for nurse home visitation services under the Nurse Home Visitation Medicaid Option in Section 1713 of the Affordable Health Care for America Act (H.R. 3962).

What is the Nurse Home Visitation Medicaid Option?

New York's Medicaid program currently covers voluntary nurse home visitation services that provide Medicaid enrollees with prenatal and postnatal health services, assistance with necessary health, educational and social support, and life course development assistance to help families become economically self-sufficient. Although Medicaid covers most home visitation services performed by nurses through several different categories of service (including Targeted Case Management, Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), and Family Planning), in practice States find it administratively burdensome to seek Medicaid reimbursement through multiple categories. As a result, States that cover nurse home visitation in their Medicaid programs often elect to seek Medicaid reimbursement for only the subset of nurse services that fit into one category. The voluntary Medicaid Option corrects this problem by grouping all Medicaid-reimbursable nurse home visitation services into a new category that States may use to cover the full range of nurse home visitation services for first-time, Medicaid-eligible pregnant women and their infants through age 2.

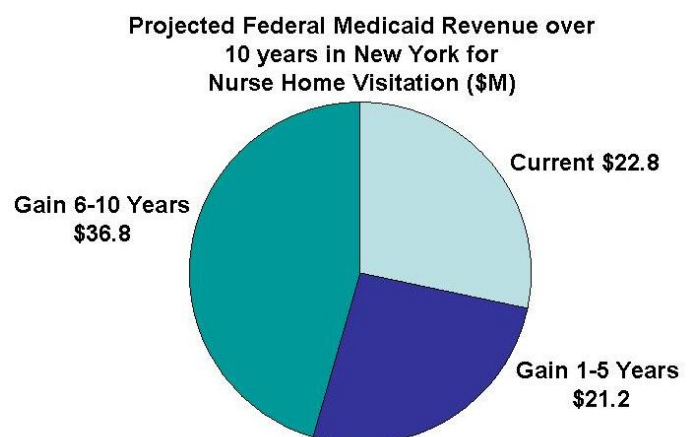
Are Nurse Home Visitation Services Offered to Children & Families in New York?

In 2003, the New York City Department of Health and Mental Hygiene launched a citywide initiative to establish Nurse-Family Partnership in all 5 boroughs. As part of the Mayor's Initiative for Healthy Women and Babies, the New York City Nurse-Family Partnership program is the largest urban site in the nation. In 2006 and 2007, Nurse-Family Partnership expanded to serve Monroe and Onondaga counties, respectively. To date, Nurse-Family Partnership has served over 5,100 families. The New York programs are strongly supported by State and local departments of Health, the State Office of Child and Family Services, local departments of Social Services, the New York City Council, the New York City Commission for Economic Opportunity, the United Way, Healthy Start, and local county stakeholders. New York State is working to secure federal approval for Medicaid funding for Nurse-Family Partnership.

What Additional Federal Medicaid Funding Could New York Receive from Section 1713?

If New York elected to provide services under the Option, the State could potentially receive the following additional funds for services currently funded through State, local and other sources:

- **Subject to availability of State and local matching funds, Section 1713 could provide New York with \$21.2 million over 5 years and \$58 million over 10 years in additional federal Medicaid funds for nurse home visitation services.**
- The projected dollar amounts more than double the federal Medicaid funds that New York could receive for nurse home visitation compared with expected



Medicaid reimbursement without the Option, estimated at \$22.8 million over 10 years.

- These projections are based on a conservative projected increase from 2,170 mothers enrolled in 2009 to 3,390 mothers enrolled in 2019.
- With more aggressive enrollment of families to reach 15% of Medicaid births statewide, or 15,190 mothers and children, the Medicaid Option would produce \$39.2 million annually in *additional* federal Medicaid funds for nurse home visitation services in New York.

Assumptions

1. Funding estimates are based on enrollment and cost projections for nurse home visiting services primarily provided by Nurse-Family Partnership. A range of other nurse home visiting programs may be eligible providers under the Medicaid Option, including the many nurse home visiting programs offered through State and local health departments.
2. State estimates are based on current State enrollment figures and growth projections based on the Congressional Budget Office's target Medicaid expenditures of \$800 million over 10 years for Section 1713.
3. A more generous estimate of additional federal Medicaid funding that is potentially available to States through this provision is also provided, based on more aggressive enrollment of 15% of Medicaid live births statewide. At that enrollment rate, 59% of Medicaid first-borns would be offered nurse home visiting services. Approximately 40% of Medicaid births are first births.
4. Projections of additional federal Medicaid reimbursement estimate that Medicaid will cover 65% of costs, which is higher than the percentage of costs currently covered by Medicaid in any State. Estimates of existing reimbursement rates are based on individual State estimates where available or a State average based on available data.
5. Enrollment estimates are based on the number of live births by state in 2006 and the percentage of births covered by Medicaid in 2003 (the most recent year available).
6. National average prices were adjusted to state estimates using the ACCRA price index – all items. (See US Statistical Abstract, Census Bureau.)

Source: Ted R. Miller, Ph.D., Pacific Institute for Research & Evaluation, Calverton, MD.