

The Evidence-Based Home Visitation Act (S.1267)

Sen. Menendez/Casey

Questions and Answers

Q. What is the purpose of the Evidence-Based Home Visitation Act?

A. The Evidence-Based Home Visitation Act fulfills one of President Obama's cornerstone initiatives to help break the cycle of poverty and promote the early health, development and well-being of low-income children and families with services that science and practice prove work. This legislation provides mandatory funding for evidence-based home visitation services to low-income children and families that have been proven through the most rigorous evidentiary standards to improve prenatal, maternal, and newborn health, child health and development, school readiness and academic achievement, and family economic sufficiency. This legislation also funds high quality home visitation programs that are likely to meet the highest evidentiary standards with additional research. This legislation fosters the continual improvement of home visitation services by funding research for high quality programs to meet the highest evidentiary standards, and for the strongest home visiting programs to adapt their models to meet the growing needs of children and families.

Q. What are home visitation services?

A. Home visitation services are delivered in the homes of expectant mothers and their children where their formative development occurs and where parents and family members can nurture and support the early health and development of their children. Home visitation services generally involve specially educated nurses, social workers, child development specialists, paraprofessionals and other trained individuals who visit with pregnant women, children and their families to improve maternal, prenatal and child health and development, school readiness, proper nutrition, life-coping strategies and skills, healthy family relationships, educational development and opportunities for the mother and child, employment training and opportunities for the mother, family planning information, family support mechanisms and a variety of other services that children and families need to maintain healthy, economically stable lives.

Q. What are the benefits of home visitation services?

A. Home visitation has been shown to be effective in improving the health and development of children and the economic status of families. The Nurse-Family Partnership's model of nurse home visitation is the most rigorously-tested program of its kind and has been proven to help expectant mothers and families achieve the following outcomes:

- Better pregnancy outcomes, including a 79% reduction in preterm delivery for women who smoke, and reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births;
- 48% reduction in child abuse and neglect;
- 59% reduction in child arrests;
- 60% fewer arrests of the mother;
- 72% fewer convictions for the mother;
- 46% increase in father presence in household;

- 32% fewer subsequent pregnancies;
- 50% reduction in language delays of child age 21 months; and
- 67% reduction in behavioral/intellectual problems at age 6.

Q. Are evidence-based nurse home visitation services cost-effective?

A. Evidence-based nurse visitation services, such as Nurse-Family Partnership, have received national recognition as one of the most cost-effective investments in children. The President’s Home Visitation Budget estimated that nurse home visitation saves Medicaid over \$650,000 over ten years. A recent study by the Pacific Institute for Research and Evaluation found that nurse-visited families participating in the Nurse-Family Partnership model reduced their enrollment in the Medicaid, Food Stamps and Temporary Assistance to Needy Families programs. The study found that Nurse-Family Partnership services resulted in a 9% reduction in Medicaid costs and an 11% reduction in Food Stamps costs, which equates to a 54% net savings in federal spending over 10 years. The RAND Corporation found that every dollar spent on Nurse-Family Partnership services yielded savings of \$5.70 per family in diminished health care, governmental, and social costs. A recent Brookings Institution Report, commissioned by America’s Promise/First Focus, entitled Cost-Effective Investments in Children, found Nurse-Family Partnership one of the most cost-effective returns on investment in the healthy development of the next generation.

Q. How are home visitation program funded under this legislation?

A. This legislation creates a \$2 billion (over 5 years) mandatory competitive grant program administered by the Department of Health & Human Services to fund the operation of **two** types of home visitation programs:

- Home visitation programs with the strongest scientific evidence demonstrating their effectiveness in achieving significant, long-term improvements in at least three of the following areas:
 - i. Prenatal, maternal and newborn health;
 - ii. Child health and development, including the prevention of injuries and maltreatment;
 - iii. School readiness and academic achievement;
 - iv. Juvenile delinquency
 - v. Family economic self-sufficiency
- High quality home visitation programs that improve important child health, development, educational and family wellness outcomes but that have significant potential with further research and development to meet the strongest evidence of effectiveness.

Q. Who is eligible for home visiting services?

A. Low-income pregnant women and low-income families with children ages 0 to 5 are eligible to receive home visiting services. Low-income is defined as pregnant women and families whose family income does not exceed 200% of the federal poverty level. Children and families who were eligible for home visiting services when the course of home visitation began but subsequently lose eligibility as a result of greater earnings

remain eligible for services through the conclusion of the home visitation course of services.

Q. Who determines the classification of home visitation programs?

A. Because the Centers for Disease Control and Prevention (CDC) has extensive experience in the evaluation of evidence and the effectiveness of preventive and child health and development interventions, this agency will determine the classification of programs. The CDC shall establish procedures to evaluate home visiting programs that seek a classification to provide services as part of the grant program. The CDC will also establish procedures to facilitate evaluating how programs progress from high quality to meeting the strongest evidence of effectiveness.

Q. Who determines the funding of the home visitation programs?

A. The Secretary determines the funding levels for the strongest and high quality programs, taking into consideration the levels feasible to fulfill the goals and purpose of the program to improve the quality of programs and to encourage innovation and adaptations to meet the evolving needs of low-income children and families.

Q. How is grant funding awarded?

A. This competitive grant program is open to States, Territories, Tribes and private and public entities to implement home visitation programs approved as strong and high quality. The Secretary shall determine grant awards based on geographical diversity and other criteria deemed appropriate.

Q. What is a credentialed local agency?

A. Prior to implementing an approved model of home visitation, the agency or entity that will deliver the home visitation services must abide by the requirements, if any, of the national or regional home visitation program identified by the Secretary, to ensure such program is capable of providing services consistent with the model. This provision is intended to prevent fraud by ensuring that local agencies in fact are delivering approved home visitation models and that they understand the requirements of the model and have the capacity to deliver the model as designed.

Q. Who provides technical assistance, training, quality assurances, data collection and other functions to ensure that home visiting models are operating appropriately?

A. The Secretary performs these functions. However, if greater fidelity to the home visitation program models occurs through contracting out these services, the Secretary shall contract out these functions to the entity with expertise in performing these functions. In doing so, the Secretary shall contract out these services separately for each approved home visitation model.

Q. What types of research qualify for funding?

A. Promoting improvements in all home visitation program models through research is a core component of the grant program. The Secretary will establish a comprehensive research agenda and appropriate funding to accomplish the following goals:

- Facilitate high quality programs' obtaining and meeting the strongest evidence of their effectiveness;

- Funding for high quality and strongest programs to make adaptations to their program models to serve different populations of low-income children and families or address different challenges they face, such as the growing rates of homelessness, mental health impairments, intimate partner violence and childhood obesity; and
- Funding for replication science to learn the best practices to expand strongest program models in a manner that maintains high quality services, effective outcomes and fidelity to program models.

Q. What is the Medicaid option?

A. Medicaid currently covers many home visitation services, such as helping children and families' access necessary medical and social services, prenatal screenings, and anticipatory guidance for mothers to care for their infants under various categories of services. This provision allows States to permit an approved home visitation provider to use a simplified method to submit claims for payment for covered services. Under this simplified method, claims can be based on the weighted average cost per visit of providing approved services. This provision does not change the ability of States that do not elect this option to otherwise seek Medicaid reimbursement for home visitation services. This option is available to States that provide home visitation services through all approved home visitation programs (strongest programs and high quality programs) so long as the services are covered under the State Medicaid plan and are delivered by approved Medicaid providers.

Q. Does the Medicaid option expand services covered by Medicaid?

A. No. Only home visitation services that are currently covered by Medicaid will be eligible for reimbursement under this option. States that elect this option can use the grant funding to cover home visitation services that fall outside of Medicaid's coverage. States may also use grant funding to serve families that were eligible for Medicaid and started receiving a course of home visitation, but lost eligibility before the course of home visitation ended.