

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

Senators Menendez/Casey

Promoting the Early Health, Development and Economic Sufficiency of Low-Income Children and Families through Evidence-Based Home Visitation

The Evidence-Based Home Visitation Act helps break the cycle of poverty and improve the early health, education and well-being of low-income children and families with what science and practice tell us works. This legislation fulfills one of the cornerstones of President Obama's early child health and education initiatives by creating an innovative, competitive grant program to promote home visitation programs with the strongest evidence of effectiveness in producing generational improvements in the lives of low-income children and families, and by facilitating the improvement of high quality home visitation programs by providing operational and research funding to allow them to provide the most effective services to needy children and families.

Core Elements of Program

- Administered by the Department of Health and Human Services, this program provides mandatory funds through a competitive grant process to States, Tribes, Territories and local public and private entities for the operation and research of home visitation programs that improve prenatal, maternal and newborn health, child health and development, school readiness and academic achievement, and maternal employment of low-income children and families.
- Mandatory funding is proposed through an expansion (in a separate section for home visitation) of the Maternal and Child Health Block Grant (Title V of the Social Security Act), administered by the Health Resources and Services Administration (HRSA).
- Program funding is provided for the operation and research of home visitation programs with the strongest evidence of effectiveness in producing long-term, significant benefits to pregnant women and children from birth through age 5. Strongest evidence of effectiveness means that rigorous, scientific evaluations demonstrate sizable, sustained effects on important outcomes in at least 3 of 5 listed areas, but the term "rigorous, scientific evaluations" is not defined.
- High quality home visitation programs that show significant promise of effectiveness but do not meet the highest evidentiary standards also receive funding for program operation and research. The Secretary has discretion to determine feasible funding percentages between the strongest and high quality programs that fulfill the goals of this legislation.
- The Centers for Disease Control & Prevention (CDC) determines program classification and the process by which programs progress from "high quality" to "strongest," capitalizing on its previous work in identifying evidence-based, effective community interventions and its work in defining evidentiary standards.

Funding & Program Operation

- The Secretary awards grants to States, Territories, Tribes and public and private entities through a competitive grant process that ensures geographical distribution of funding.
- Services are limited to low-income individuals whose family income does not exceed 200 percent of the federal poverty level. If their income exceeds that amount during the course of home visitation, they continue to be eligible for services until the end of the course of home visitation.
- Prior to receiving grant awards to implement an approved model of home visitation, the local agency to deliver the services must abide by the requirements, if any, of the national or regional home visitation program identified by the Secretary, to ensure such local agency is capable of providing services consistent with the model.
- The Secretary may award planning grants to States and local public and private entities.
- Directly or through contracts with existing non-governmental entities with expertise in program models, the Secretary shall provide training, technical assistance, data support and quality assurance to grantees. The Secretary shall contract out these responsibilities where, for a fixed amount of administrative dollars, greater fidelity to the program model is likely to result than if the responsibilities are carried out by HRSA directly. Such contracting decisions shall be made separately for each program model.
- Grantees must match federal funds, which may include in-kind contributions and State share of Medicaid. However, the Secretary may waive matching requirements due to economic hardship.
- States may maximize block grant funding by seeking reimbursement for appropriate home visitation services covered by Medicaid, Early Head Start or other federal sources, provided States do not receive duplicative reimbursement.
- States have a new option to use simplified methods to reimburse approved home visitation programs that provide Medicaid-covered services to parents and children who qualify for Medicaid. Rather than require itemization and categorization of each service provided during a home visit, this option allows States to have approved providers submit claims based on the weighted average cost per visit of providing covered services. States that elect this option may use grant funding to fund home visitation services for low-income expectant mothers and children who were eligible for home visitation services under Medicaid but who lose Medicaid eligibility during the course of the home visitation program. This option does not expand covered services but is limited to services that are covered under the State Medicaid plan.

Research

- In collaboration with the CDC, the Secretary shall establish adequate research funding allocations and a comprehensive research agenda for the strongest and high quality models that does not interfere with their efficient implementation, that funds research that can be used by the CDC to determine the progression of “high quality” to “strongest” models and that funds research to further improve strongest models and the replication of strongest models.