

Plan to Establish an Integrated Benefit for Medicaid Evidence-Based Home Visitation Services

(FY2012 Appropriation Bill - Public Act 63 of 2011)

September 30, 2011

Section 1849: (1) The department shall use at least 50% of the funds allocated for voluntary in-home visiting services for evidence-based models or models that conform to a promising approach that are in the process of being evaluated through a process that meets the requirements described in subsection (2) with the goal of being evidence-based by January 1, 2013. (2) As used in this section: (a) "Evidence-based" means a model or practice that meets all of the following requirements: (i) The model or practice is governed by a program manual or protocol that specifies the purpose, rigorous evaluation requirements, and duration and frequency of service that constitutes the model. (ii) Scientific research using methods that meet scientific standards, evaluated using either randomized controlled research designs, or quasi-experimental research designs with equivalent comparison groups. The effects of such programs must have been demonstrated with 2 or more separate client samples that the program improves client outcomes central to the purpose of the program; and the model or practice monitors program implementation for fidelity to the specified model. (b) "In-home visiting services" means a service delivery strategy that is carried out in the homes of families or children from conception to school age that provides culturally sensitive face-to-face visits by nurses, or other professionals or paraprofessionals trained to promote positive parenting practices, enhance the socio-emotional and cognitive development of children, improve health of the family, and empower the family to be self-sufficient. (3) By February 1 of the current fiscal year, the department shall submit to the house and senate appropriations subcommittees on community health an annual report on evidence-based voluntary in-home visiting services, including a full accounting of administrative expenditures from the prior fiscal year, and a summary detailing the demographic characteristics of Medicaid families served. (4) No later than September 30, 2011, the department shall submit a report to the senate and house appropriations subcommittees on community health on its plan to establish an integrated benefit for Medicaid evidence-based home visitation services to be provided by Medicaid health plans for eligible beneficiaries. The report shall include information on the potential methods used to assure continuity of care and continuity of ongoing relationships with providers and their potential effectiveness. It is the intent of the legislature that the integrated benefit must be provided by evidence-based service delivery models or practices in a manner that achieves fidelity to the evidence based model.

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Olga Dazzo, Director**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

REPORT ON EVIDENCE-BASED HOME VISITATION SERVICES FOR MEDICAID ELIGIBLE BENEFICIARIES SECTION 1849(4)

Background:

Michigan has a long history of providing prevention-focused home visiting services, using a variety of funding sources and program models. The most common models in use in Michigan are the Nurse Family Partnership (NFP), Healthy Families America (HFA), Early Head Start (EHS), Parents as Teachers (PAT), and Maternal Infant Health Program (MIHP). Some of these programs are directed toward Medicaid beneficiaries, while others target additional population groups. Some of these models have been adopted widely, while others operate in just a few communities. The Michigan Department of Community Health (MDCH) recognizes that there is limited coordination or linkage across program models, even when they are implemented within the same community.

MDCH, in collaboration with key state and community partners are moving towards the goals set forth in Public Act 63 of 2011, Section 1849. This law identifies a system of home visiting programs and models, which are deliberately connected with other services such as health care or other community providers and must be carefully constructed.

The State is taking significant steps toward building existing, fragmented pieces into an effective and efficient home visiting system through the federal Maternal, Infant and Early Childhood Home Visiting grant funds. In order to improve the system, the Department of Community Health, Department of Education, and Department of Human Services have agreed to collaborate to carry out the following activities:

1. Build and expand the capacity of home visiting programs to address community needs using evidence-based models implemented with fidelity, with efforts targeted in the highest risk communities and for the highest risk populations (including Medicaid beneficiaries).
2. Build the infrastructure necessary to support the success of direct home visiting services.
3. Assure that data is collected and analyzed to provide critical information necessary related to outcomes, utilization and cost for both state and community stakeholders.

Plan to ensure a health care integrated benefit using evidence-based service delivery models: MIHP

MIHP is currently the state's largest home visitation program. It is a Medicaid State Plan service, and all pregnant women covered by Medicaid are eligible, as are their infants. Outreach by local health departments, Medicaid Health Plans (MHPs) and other community organizations are focused on the goal of enrolling all eligible women and infants. A number of steps have already been taken with MIHP to address evidence-based home visiting services and very close coordination with MHPs:

1. MDCH has worked closely with both MHPs and MIHP providers around the design and implementation of the MIHP. While it was originally intended that MIHP be included as part of the MHPs benefit package, it was determined that there were several issues with fully integrating MIHP into the MHPs that needed addressing before this could successfully occur. MIHP remains an MHP carve-out benefit that Medicaid beneficiaries receive and the provider's bill for services through the Medicaid fee-for-

service claims processing system. These issues included the intense work going on directly with MIHP providers as the program has transitioned to this new model and the continuing need to have much more detailed data from MIHP providers at the state level to assure MDCH would, over time, have the outcome, utilization and cost data necessary for critical decision making. As MIHP implementation moves forward, the MDCH will revisit options for integrating MIHP and other home visitation models into the Medicaid Health Plans.

2. MDCH recognizes the importance of integration and communication among MIHP providers, Medicaid health plans and primary care/OB providers and has implemented mechanisms to ensure the appropriate level of integration/communication occurs. Expectations for communication are clearly delineated in Medicaid Policy Bulletin MSA 09-05 dated January 1, 2009. This policy describes the relationship between the health plans and MIHP providers and defines the expectation for formal care coordination agreements between the entities. Each MHP must maintain a signed care coordination agreement with MIHP agencies in its service area, and MIHP agencies must maintain these agreements with the Medicaid Health Plans in the areas they serve. MDCH monitors adherence to this policy as a component of the MIHP provider certification and fidelity assessment processes. Care coordination agreements mandate that the MHP will notify enrollees of the availability of MIHP services and refer to MIHP if the enrollee is not already receiving MIHP services. MIHP providers are required to notify and coordinate care with the MHP to ensure continuity of care and service delivery.

At the program level, Medicaid Health Plans, Medical Services Administration staff, MIHP providers, and Bureau of Maternal and Child Health staff meet quarterly to discuss their respective programs, areas requiring additional communication, training needs, and collaboration. These meetings are facilitated by the Michigan State University Institute for Health Care Studies Quality Improvement team, which also provides ongoing support to the MIHP.

3. MDCH is in the process of evaluating the MIHP to determine how the model meets the federal definition of an evidence-based model. Michigan State University Institute for Health Care Studies is working with MDCH and other interested parties, with support from the Pew Center on the States, and is using a quasi-experimental study of the outcomes of MIHP. Preliminary results from the MIHP Program evaluation are expected in Fall 2012.
4. Beyond conducting an evaluation, current MIHP activity includes clearly defining fidelity standards and enhanced program training and oversight to ensure fidelity to the model.

Transition to fully integrated Home Visiting system

Several important steps toward a fully integrated home visiting system are underway. These steps apply across home visiting models, including MIHP. Steps include:

1. The Pew Center for the States has undertaken a national Home Visiting campaign, and chose to work with Michigan to establish policy in support of the use of evidence-based or promising programs. Enrolled House Bill 5572 (PA 291 of 2012) supports strong collaboration across agencies, shared policy and contracting procedures, data sharing, and a collaborative annual report on the status of home visiting in Michigan. It also requires the use of evidence-based models, or promising programs, with a timeline for the promising programs to move toward being evidence-based.
2. A team from across MDCH, MDE, Early Childhood Investment Corporation (ECIC), and DHS was selected to participate in a national system building meeting. Work was started on defining a continuum of

home visiting programs, including both prevention and intervention models. Defining this continuum will ensure that the full range of outcomes, across age groups, is being addressed.

3. As the continuum of models is developed, the options for funding strategies will become apparent, based on which models address outcomes that are prioritized by each partner agency. This will include appropriate strategies to maximize, with CMS approval, the use of Medicaid and other third party reimbursements.
4. As part of the Maternal, Infant and Early Childhood Home Visiting grants, the state has constructed a 'Benchmarks' table, composed of six key benchmarks and 37 indicators, with a common set of metrics with which to evaluate the home visiting system. Efforts are underway to examine how each of the models implemented in Michigan (including MIHP) are already collecting data to measure this consistent set of benchmarks, and what steps need to be taken to create the capacity to collect and analyze the needed data.
5. Under the guidance of the cross-agency Great Start System Team, committees are convening to:
 - a. Develop a set of core knowledge and competencies for home visitors, across models; this will help improve the quality of services provided to families.
 - b. Design and oversee pilot projects in three local communities to establish centralized access to local home visiting programs, and to coordinate home visiting services with other providers, including MHPs. This work will connect with the State's effort to build patient and child-centered medical homes, and improved primary care in coordination with community services, in order to reduce health care costs and achieve the greatest benefit to beneficiaries.

Summary

Michigan's comprehensive home visiting strategy will result in an integrated home visiting system that will ensure that resources are used effectively at the state and local levels, that programs are evidence-based and delivered with fidelity to established models, that families receive coordinated services that align with their needs and achieve outcomes identified by the State and that expenditures for home visitation services are maximized for efficiency and effectiveness relative to outcomes and costs.