Federal Health Care Reform Legislation
Home Visiting Summary

Health Care Reform Legislation

H.R. 3590: Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act establishes a home visiting grant program for states administered through the Department of Health and Human Services (DHHS), Health Resources Services Administration (HRSA) as a new section of the Title V Maternal and Child Health (MCH) block grant program. This provision:

1. **Provides $1.5 billion over 5 years** for maternal, infant and early childhood home visitation programs. Grantees are required to use an evidence-based program model with a benchmark component that measures: improvement in maternal and child health, childhood injury prevention, school readiness and achievement, crime or domestic violence, family economic self-sufficiency, and coordination with community resources and supports.
   Funding Breakdown:
   $1.5 billion* over 5 years
   - $100M for FY2010
   - $250M for FY2011
   - $350M for FY2012
   - $400M for FY2013
   - $400M for FY2014

   **State and Federal Reservations Apply*

2. Requires states to complete a needs assessment to identify communities that have few quality home visitation programs and are at risk for poor maternal and child health as a pre-condition for receiving the home visiting funds.

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Bill	H.R. 3590: Patient Protection and Affordable Care Act Title I, Subtitle L, Section 2951
Amended Law	Section 511 is added to Title V of the Social Security Act.
Purpose	1. Strengthen and improve coordination of services for "at risk" communities 2. Establish state grant program for "maternal, infant and early childhood home visitation programs" for eligible families
Authorizing Agency	DHHS Health Resources Services Administration (HRSA), Maternal and Child Health (MCH) block grant program
Funding	**$1.5 billion over 5 yrs** in mandatory funding for evidence-based home visitation **FY2010 $100 M** FY2011 $250 M **FY2012 $350 M** FY2013 $400 M **FY2014 $400 M**
State Match	Funds provided to an eligible entity "shall supplement, and not supplant funds from other sources for early childhood home visitation programs or initiatives".
Use of Funds	**Allocations:** 1. 3% for research and evaluation (conducted by DHHS) 2. 3% percent to provide home visitation services to Indian families 3. 25% can be used by states to fund a promising new program model that would be rigorously evaluated 4. A portion of the grant may be used for planning or implementation activities during the first 6 months 5. The Secretary may use any unspent funds for grants to eligible nonprofit organizations to conduct an early childhood home visitation program in the state.
State Reporting	1. Conduct a statewide needs assessment in coordination with other statewide assessments within 6 months of bill enactment that identifies: A. Communities with concentrations of: i. "Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk pre-natal, maternal, newborn, or child health ii. Poverty iii. Crime iv. Domestic violence v. High rates of high-school drop-outs vi. Substance abuse vii. Unemployment viii. Child maltreatment" B. The quality and capacity of existing home visiting programs including: i. Number of families served ii. Gaps in home visitation in the state iii. Extent to which programs meet the needs of eligible families C. State capacity to provide "substance abuse treatment and counseling services to individuals and families in need" 2. Submit a description of how the state intends to address the needs identified by the assessment which may "include applying for a grant to conduct an early childhood home visitation program". These activities are a prerequisite for grant funding.

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DHHS Reporting	Report evaluation results to Congress by 3/31/2015 **Evaluation Requirements** 1. Appoint an expert panel to design home visitation grants program evaluation 2. By grant, contract, or interagency agreement, conduct an evaluation of the statewide needs assessments, the home visitation programs, and the progress made by grantees towards their benchmarks 3. Require MCH to collaborate with ACF and a number of Federal agencies (ASPE, CDC, NICHD,OJJDP,IES)
Eligibility / Application	Application must include: 1. Population served / service method 2. Assurance of prioritized service provision to low-income / high risk families 3. Service delivery model 4. Statement linking service delivery model to needs assessment 5. A *benchmark component that measures: • Improvement in maternal and child health • Childhood injury prevention and reduced emergency room visits • School readiness and achievement • Crime or domestic violence • Family economic self-sufficiency • Coordination with community resources and supports 6. Verification that models are being implemented according to model specifications 7. Assurances that participation by eligible families is voluntary 8. Agreement with annual DHHS reporting 9. Description of other state programs that include home visitation "High risk" populations: 1. **Eligible families who reside in communities identified in the needs assessment 2. Low-income families 3. Pregnant women under 21 years of age 4. Eligible families with a history of child abuse or neglect 5. Eligible families that have had contact with the child welfare system 6. Eligible families with a history of substance abuse or in need of substance abuse treatment 7. Eligible families with tobacco users in the home 8. Children with low student achievement 9. Children with developmental delays or disabilities 10. Eligible families with individuals currently or formerly serving in the Armed Forces, including those with multiple deployments outside of the United State **Grant-funded programs that do not meet at least four of these benchmarks at the end of the third year:* *1. Must submit a corrective action plan to improve outcomes to DHHS* *2. Will receive expert technical assistance to implement the corrective action plan* *Failure to demonstrate improvement after technical assistance will result in grant termination.*

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	***An "eligible family" is defined as:* *1. A woman who is pregnant or the father of the child (if available)* *2. A parent or primary caregiver of a child from birth until kindergarten*
Language re: "evidence-based" models	**Funded programs must:** 1. Adhere to a clear, consistent model grounded in empirically-based knowledge related to home visiting and linked to the benchmark areas 2. Employ well-trained and competent staff such as nurses, social workers, child development specialists, or other well-trained staff 3. Maintain high quality supervision 4. Demonstrate organizational capacity 5. Establish appropriate linkages and referrals 6. Monitor program fidelity **Core Model Components:** 1. "Conforms to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and has demonstrated significant and sustained positive outcomes, as described in the benchmark areas"; is evaluated using "well-designed and rigorous randomized controlled research designs and the evaluation results that have been published in a peer-reviewed journal or quasi-experimental research designs." 2. "The model conforms to a promising and new approach to achieving the benchmark areas" and the participant outcomes described, "has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process." **Criteria for Evidence of Effectiveness:** The Secretary shall establish criteria - which may be tiered – and will provide an opportunity for public comment.