

**ATTACHMENT D**  
**Evidence-Based Home Visiting Services Pilot Protocol**  
**Approved: April 27, 2017**

Per STC 29, the following protocol includes additional information about the evidence-based home visiting services (HVS) pilot program.

As described in STC 29, the pilot program provides evidence-based home visiting services by licensed practitioners or certified home visitors to promote health outcomes, whole person care, and community-integration for high-risk pregnant women and children up to two (2) years old. The services are described in Table One: Description of Services below which are based on evidence-based program requirements. The provider qualifications are described in Table Two: Provider Requirements below which include provider titles, licensure certification, education, training, and experience requirements. The HVS pilot program is aligned with two evidence-based models focused on the health of pregnant women.

- a. Nurse Family Partnership (NFP): The NFP is designed to reinforce maternal behaviors that encourage positive parent child relationship and maternal, child, and family accomplishments. The HealthChoice section 1115 demonstration NFP pilot program will adhere to the NFP national program standards and service will be suspended once the child reaches two (2) years old.
- b. The Healthy Families America (HFA). The HFA model targets parents facing issues such as single parenthood, low income, childhood history of abuse, substance use disorder (SUD), mental health issues, or domestic violence.

The services are described in Table One: Description of Services below.

**Table One: Description of Services**

<b>Service</b>	<b>Description of Service</b>
<b>Prenatal Home Visit</b>	<p>The HVS Pilot Project will provide home visit services to expectant mothers during their pregnancy. The prenatal home visit services will provide:</p> <ul style="list-style-type: none"> <li>• Monitoring for high blood pressure or other complications of pregnancy (NFP only);</li> <li>• Diet and nutritional education;</li> <li>• Stress management;</li> <li>• Sexually Transmitted Diseases (STD) prevention education;</li> <li>• Tobacco use screening and cessation education;</li> <li>• Alcohol and other substance misuse screening and counseling;</li> <li>• Depression screening; and</li> <li>• Domestic and intimate partner violence screening and education.</li> </ul>
<b>Postpartum Home Visits</b>	<p>The HVS Pilot Project will provide home visit services to Medicaid eligible mothers during their sixty (60) day postpartum period.</p> <ul style="list-style-type: none"> <li>• Diet and nutritional education;</li> <li>• Stress management;</li> <li>• STD prevention education;</li> <li>• Tobacco use screening and cessation education;</li> </ul>

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	<ul style="list-style-type: none"> <li>• Alcohol and other substance misuse screening and counseling;</li> <li>• Depression screening;</li> <li>• Domestic and intimate partner violence screening and education;</li> <li>• Breastfeeding support and education (NFP may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service);</li> <li>• Guidance and education with regard to well woman visits to obtain recommended preventive services;</li> <li>• Medical assessment of the postpartum mother and infant (NFP only);</li> <li>• Maternal-infant safety assessment and education e.g. safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention</li> <li>• Counseling regarding postpartum recovery, family planning, needs of a newborn;</li> <li>• Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/ infant has a postpartum/newborn visit scheduled);</li> <li>• Parenting skills and confidence building (HFA emphasis).</li> </ul>
<b>Infant Home Visits</b>	<p>The HVS Pilot Project will provide home visit services to newborn infants born to HVS Pilot Project beneficiaries until the child reaches two (2) years of age.</p> <ul style="list-style-type: none"> <li>• Breastfeeding support and education (NFP may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service)); and</li> <li>• Child developmental screening at major developmental milestones from birth to age two (2);</li> <li>• Parenting skills and confidence building (the HFA program emphasizes these skills).</li> </ul>

Both HFA and NFP evidence-based practice models specify an array of services that may be provided to meet the needs of the family.

The HFA program model meets the criteria established by the U.S. Department of Health and Human Services (HHS) for an “evidence-based early childhood home visiting service delivery model.” Goals include reducing child maltreatment, improving parent-child interactions and children’s social-emotional well-being, and promoting children’s school readiness. HFA Model program components include 1) screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; 2) parent education and support services; and 3) routine screening for child development and maternal depression as well as screening for domestic violence and substance abuse. In the case of a positive screen, the individual is referred for appropriate treatment services. In such cases, care coordination may also occur if consent is provided by the parent. If consent is provided, home visitors may refer participants out to external resources and providers. The type of referral may vary depending upon the type of service required. With additional consent, home visitors will liaise with the provider to ensure coordination of care.

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In addition, many sites offer services such as parent support groups and father involvement programs. Home visitors complete training modules that include such topics such as keeping babies healthy and safe, fostering infant and child development, and promoting mental health. Thus, HFA model services offered to mothers may include both teaching basic parenting skills, and training parents on how to manage a child’s medical, behavioral, and/or developmental treatment needs.

The NFP program model also meets the criteria established by DHHS for an “evidence-based early childhood home visiting service delivery model.” The program model is designed for first-time, low-income mothers and their children, and is designed to improve 1) prenatal health and outcomes; 2) child health and development; and 3) families’ economic self-sufficiency and/or maternal life course development. NFP home visitors use input from parents, nursing experience, nursing practice, and a variety of model-specific resources coupled with the principles of motivational interviewing to promote low-income, first-time mothers’ health during pregnancy, care of their child, and own personal growth and development. NFP program model, therefore, may also address both teaching basic parenting skills, as well as training parents on how to manage a child’s medical, behavioral, and/or developmental treatment needs.

The provider qualifications for the services provided are described in Table Two: Provider Qualifications below.

**Table Two: Provider Qualifications**

<i>Home Visitor Provider Qualifications</i>				
Home Visitors	Education (typical)	Experience (typical)	Skills (preferred)	Training
Healthy Families America Home Visitors – Must be hired by an HFA affiliated or accredited agency	Bachelor’s Degree in Behavioral Sciences (Social Work, Psychology, Sociology, Mental Health, Nursing and Education) preferred; Associate’s Degree in Human Services or related field. May have high school diploma or GED.	3-5 years’ experience working in Human or Social Services; 1 year working with or providing services to children and families; Case management or service coordination experience preferred; Experience and willingness to work with a culturally diverse population. A Master’s Degree in nursing or public	Oral and written communication skills. Ability to develop trusting relationships. Ability to maintain professional boundaries. Acceptance of individual differences. Knowledge of infant and child development. Openness to reflective practice.	Must meet HFA program training requirements, including: Core Training; Curriculum training; Wraparound training; customized advanced training; any additional program based continuing education training requirements.

**ATTACHMENT D**  
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		health may be substituted for one year of the required experience.		
Nurse Family Partnership (NFP) Nurse Home Visitors – Hired by approved Nurse Family Partnership implementing agency	Registered nurse (RN) with Baccalaureate degree in nursing; may have additional degrees beyond BSN such as MSN or, other related/advanced practitioner designations e.g. nurse practitioner, nurse midwife; current licensure.	At least 5 years’ experience in public health nursing, maternal and child health, behavioral health nursing, pediatrics, or other fields. May have American Heart Association HealthCare provider CPR (Cardiopulmonary Resuscitation) and valid AED (automated External Defibrillator) certification.  A Master’s Degree in nursing or public health may be substituted for one year of the required experience.	Technical skills: Providing care mgmt. and care coordination to high-risk pops; understanding and applying federal, state, local, and grant program regulations and policies in a public health environment; Leadership skills, interpersonal and relationship building; communication and quality improvement analysis skills.	Comprehensive training and preparation as required by NFP model.
Nurse Home Visitor Supervisor – Hired by approved Nurse Family Partnership implementing agency	Registered nurse (RN) with Baccalaureate degree in nursing. Preferred that nurse supervisors have additional degrees beyond BSN such as MSN or, other related/advanced practitioner designations e.g. nurse practitioner,	At least 5 years’ experience in public health nursing, maternal and child health, behavioral health nursing, pediatrics, or other fields. May have American Heart Association HealthCare provider CPR (Cardiopulmonary Resuscitation) and	Nurses must receive reflective supervision weekly to meet requirements of the evidence based program. This nurse supervision is part of the direct services provided. Nurse supervisors may conduct home visits as	Comprehensive training and preparation as required by NFP model.

**ATTACHMENT D**  
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	nurse midwife.	valid AED (automated External Defibrillator) certification.  A Master's Degree in nursing or public health may be substituted for one year of the required experience.	required to support nurses and/or beneficiaries level of care needs. For example, if a child or caregiver is ill for a month, a Nurse Home Visitor Supervisor may visit the home to re-assess the caregiver and child and offer an appropriate level of care.	
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**Description of Payment Methodologies**

The Lead Entity (LE) will supply IGTs solely for the payment of services authorized under the demonstration. The services are defined in Table One: Description of Services above.

Department of Health and Mental Hygiene (DHMH) will pay LEs on a quarterly basis for home visiting services provided (per unit cost). The unit cost that will be based on such things as, estimated salary costs, travel cost, reporting costs, and other reasonable and necessary expenditures divided by the number of expected number of visits. The expected number of visits will be based on the model, the number of beneficiaries to be served, and the number of home visitors. DHMH will evaluate the reasonableness of the unit cost and total payment. DHMH anticipates that the initial quarterly payments will be prospective, and thereafter retrospective based on the LE's actual HVS services rendered. In turn, DHMH anticipates that the HVS provider will invoice the LE monthly or quarterly for home visits provided to a specific Medicaid beneficiary based on the LE and HVS provider's contractually agreed upon payment schedule. Lead Entities are expected to submit a budget proposal and narrative that reflects average expected evidence-based home visiting frequency and intensity, taking into account the potential for variations, that is, accommodating for those few cases that may require more intense visits.

Both the HFA and NFP evidence-based home visiting programs tailor home visiting services and the number of visits to the needs of each family.

Frequency of home visiting may vary from family to family, but must remain within the scope of the evidence-based programs. Below are the home visiting frequency and intensity protocols for HFA and NFP.

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Healthy Families America: HFA sites offer at least one home visit per week for the first six (6) months after the child’s birth. After the first six (6) months, visits might be less frequent. Visit frequency is based on families’ needs and progress over time. Typically, home visits last one hour. HFA sites begin to provide services prenatally or at birth and continue for this Pilot demonstration up to age two (2).

Nurse Family Partnership: NFP nurses conduct weekly home visits for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six (6) weeks after the baby is born, and then every other week until the baby is twenty (20) months. The last four (4) visits are monthly until the child is two (2) years old. Home visits typically last 60 to 75 minutes. The visit schedule may be adjusted to meet client needs.

NFP recommends that programs begin conducting visits early in the second trimester (14–16 weeks gestation) and requires programs to begin visits by the end of the 28th week of pregnancy. Clients graduate from the program when the child turns two (2) years old.

Payment will be withheld if Lead Entities do not report required data to DHMH in a timely and complete manner as outlined and agreed upon in applicable data use agreements.

**Table Three: Healthy Families America (HFA) Agencies in Maryland with Accreditation Status**

<b>Jurisdiction</b>	<b>Agency</b>	<b>Current Status</b>
Allegany	Health Department	Affiliated
Baltimore County	Health Department	Accredited
Baltimore City	Family League	Accredited
Calvert County	Public Schools	Accredited
Charles County	Center for Children	Accredited
Dorchester	Health Department	Accredited
Frederick	Mental Health Association	Accredited
Garrett	Health Department	Accredited
Harford	Health Department	Affiliated
Howard	Howard General Hospital	Accredited
Lower Shore (Somerset)	Eastern Psych Association	Accredited
Mid Shore	Health Department	Accredited
Montgomery	Family Services	Accredited
Prince George's	Dept. Family Services	2 Sites Accredited; 1 site Affiliated
Washington	Health Department	Accredited
Wicomico	Health Department	Accredited