Nurse Home Visiting Services

July 28, 2021
Ohio Medicaid’s Maternal and Infant Support Program (MISP)

MISP is Ohio Medicaid’s priority work to improve infant and maternal outcomes, with a strong focus on reducing racial disparities

- Based on listening to women served by Medicaid, learnings from recent community-based work
- Partnership across state agencies to promote and align use of best practices and funding
- Creation of new reimbursement options for evidence-based and evidence-informed interventions
- Continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes

MISP will respond to and align with Governor DeWine’s Task Force (and their forthcoming recommendations) that will create a statewide shared vision and strategy for reducing infant mortality rates and eliminating racial disparities by 2030.
Maternal Infant Support Program (MISP) Umbrella

Phase 1
- PRAF/ROP Reimbursement updates
- Infant Mortality grants to OEI communities

Phase 2
- Group Pregnancy Education services
- Lactation consulting specialty
- Nurse Home Visiting Medicaid reimbursement

Phase 3
- Comprehensive Maternal Care (CMC) program
- 12 months postpartum eligibility
- Welcome home nurses and providers

Phase 4
- Mom and Baby dyad providers and services
- Doula services
Nurse Home Visiting Services - Medicaid Reimbursement

ODM’s goal is to expand access to nurse home visiting services for women with the greatest risks; and to provide services consistent with evidence-based model to improve pregnancy and infant outcomes

• ODM and the managed care plans currently fund some NFP activities through OEI infant mortality grants
  » In SFY20-21, ODM funded 3 NFP sites for a total of $1,017,833, to serve 384 women
• ODM is now developing a nurse home visiting service, allowing Medicaid to reimburse NFP entities using a sustainable payment mechanism
• ODM is working closely with ODH to ensure coordination across departments for reimbursements and streamlining administrative burden for providers
• ODM and ODH are meeting with existing NFP sites, as well as sites who are interested in starting an NFP program, to discuss reimbursement options
Why ODM is Funding Nurse Home Visiting

- Evidence-based curriculum shown to improve birth outcomes
- Community-centered approach aligns with ODM’s goals for reducing racial disparities and overall infant mortality rates
- Good fit in ODM’s MISP strategy
  - Care provided by NFP-certified RNs and APRNs
  - Targets women at high risk of a pre-term birth
  - Creates a sustainable funding infrastructure for expanded home visiting services
  - Ties in to PRAF/ROP for referrals
  - Allows IM grant money to be used for other maternal and infant vitality work
- Builds on an existing certification process and provider network

Nurse Home Visiting delivered via the Nurse Family Partnership model has shown the following results:

- 79% reduction in preterm delivery for women who smoke*
- 56% reduction in ER visits for accidents and poisonings*
- 50% reduction in language delays of child at age 21 months*
- 48% reduction in child abuse and neglect*

ODH Funded Models

🌟 Moms and Babies First
🎯 Nurse Family Partnership
❤️ Healthy Families America
♀ Parents As Teachers
The Nurse-Family Partnership (NFP) model is an evidence-based community health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.

**Goals:**
- Improve pregnancy outcomes
- Improve child health and development
- Improve economic self-sufficiency by utilizing a proven model of nurse home visitation from pregnancy through age two

**Client criteria:**
- 1st time mother*
- Low-income at intake
- Enrolled before the end of the 28th week of pregnancy*
- Voluntary participation

**Network Partner criteria:**
- Nurse-home visitors have a BSN
- Nurse-home visitors carry a caseload of 25-30 clients
- An organization known in the community as a successful provider of prevention services to low-income families

*In Ohio, new network partners and nurse home visitors are eligible to serve multiparous clients and enroll clients after the 28th week of pregnancy no earlier than nine months after initial implementation and with careful consideration by the NSO Nursing Department.
Planning Process for Nurse-Family Partnership Implementation

Initial Contact & Discovery
- Information sharing
- Budgeting
- In-depth overview of model

Implementation Planning
- Potential implementing partner completes a comprehensive implementation plan with guidance from Network Development department
- Concentration on adaptation of Model Elements to local community’s context
- Partner is deemed ‘Ready to Implement’

Start-Up
- Recruitment of nurse home-visitors
- Nurse education
- Nurses build caseload to 25+ clients over first nine months

*typical timeline, but can be completed quicker depending on a potential partner’s ability to commit time towards planning.

If you are interested in implementing Nurse-Family Partnership, please reach out to programdevelopment@nursefamilypartnership.org.
Roles & Responsibilities

*NApproves new providers to become providers to receive ODH funding
*Submits OCHIDS information to ODM to support reimbursement
*Approves Ohio Home Visiting credentials for all nurse home visitors and supervisors
*Coordinates family and visit data information in OCHIDS and coordinates with NFP
*Monitors providers for state and federal funding and administrative rule requirements

*NApproves new providers
*Provides model, supervisor and nurse training
*Monitors for model fidelity
*Provides monthly technical assistance and support to sites
*Provides marketing, outreach and government affairs support

*Reimburses NFP/ODH approved agencies for nurse home visits
*Promotes the use of EBHV services, including NFP, with the Managed Care Plans
*Provides referrals to ODH for EBHV services from the EPRAF and ROP

Successful Implementation and Expansion
Considerations for Potential NFP providers

• NFP typically starts a new provider with at least 2-3 home visitors and a full-time supervisor.

• Total costs are not typically covered with state and federal funds, some local, in-kind or philanthropic funding is needed.

• ODH has to determine how much growth state funding can support for non-Medicaid covered activities:
  o Babies 12-24 months
  o Training (only partial)
  o Model Fees (only partial)

• Some NFP providers may be able to expand eligible to multiparous moms and to enroll at anytime during pregnancy
Q&A with Jeanne from Nationwide Children’s

• Considerations for becoming an NFP provider
• Benefits of being an NFP provider
• Challenges of being an NFP provider
• NFP Program funding
• Benefits of Medicaid funding for NFP
• Advice for new NFP providers
Next Steps for Nurse Home Visiting

• ODM and ODH will continue to collaborate on path forward for new service providers
• ODM will draft rules to support reimbursement and circulate for comment by mid-August
• ODM will implement systems updates required to support nurse home visiting services
• For interested providers:
  » Email ODM at MISP@medicaid.ohio.gov and we will coordinate with you re: next steps
Questions?