



**50-State Analysis: Medicaid Reimbursement for Home Visiting Services**

| Key Terms  |  |
|--|--|
| <p><b>EPSDT:</b> Early and Periodic Screening, Diagnostic and Treatment Medicaid benefit</p> <p><b>FFS:</b> Fee-For-Service – state Medicaid agency pays providers for each covered service provided</p> <p><b>HANDS:</b> Health Access Nurturing Development Services</p> <p><b>HFA:</b> Healthy Families America</p> <p><b>HomVEE:</b> Home Visiting Evidence of Effectiveness. Models eligible for MIECHV funds can be found <a href="#">here</a>.</p> <p><b>HSI:</b> Health Service Initiative</p> | <p><b>HV:</b> Home visiting</p> <p><b>MCO:</b> Managed care organization</p> <p><b>MIECHV:</b> Maternal, Infant, and Early Childhood Home Visiting Program</p> <p><b>MMC:</b> Medicaid Managed Care</p> <p><b>N/A:</b> Not available</p> <p><b>NFP:</b> Nurse Family Partnership</p> <p><b>PAT:</b> Parents as Teachers</p> <p><b>PMPM:</b> Per member per month (or capitated rate)</p> <p><b>TCM:</b> Targeted Case Management</p> |



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| Alabama | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br>Nurse Family Partnership | Case management <a href="#">services</a> include:<br><br>-Comprehensive assessment and periodic reassessment of 's needs<br>-Development of a specific care plan based on assessment<br>-Referral and related activities (e.g., scheduling appointments)<br>-Monitoring and follow-up activities to determine whether the following conditions are met:<br>-Services are being furnished in accordance with the individual's care plan;<br>-Services in the care plan are adequate; and<br>-Changes in the needs or status of the individual are reflected in the care plan | -Medicaid eligible women who are first-time mothers and/or who have a <a href="#">high-risk pregnancy</a> <sup>1</sup> until the child's second birthday | <a href="#">PMPM</a> <sup>2</sup> | Y<br><br>NFP                               |
| Alaska  | N                                    |  |   |  |                                   |  |
| Arizona | N                                    |  |   |  |                                   |  |



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| Arkansas | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Extended Services for Pregnant Women<br><br><i>Program Name:</i><br>Early Discharge Home Visit        | -Preventive home visit <sup>3</sup>  | -Low-risk mothers and newborns discharged from the hospital in less than 24 hours within 72 hours of discharge by the physician or registered nurse OR<br><br>-The physician may request an early discharge home visit from any clinic that provides perinatal services OR<br><br>-Early discharge home visit may be ordered for mother and/or newborn discharged after 24 hours if there is a specific medical reason for follow-up | FFS                              | N  |
|          |                                      | <i>Federal Authority:</i><br><a href="#">CHIP State Plan</a><br><br><i>Benefit Category:</i><br><a href="#">HSI</a><br><br><i>Program Name:</i><br>SafeCare Evidence-based Home Visiting Program | -Baseline assessments <sup>4</sup><br>-Observation of parental knowledge and skills<br>-Parent training to enhance the health and safety of their young children<br>-Follow-up assessments | -Parents with children ages birth to age eight <sup>5</sup><br><br>-Young children for families with a history of child maltreatment or <a href="#">risk factors</a> for child maltreatment  | FFS                              | N  |



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| Arkansas, cont. | Y                                    | <p><i>Federal Authority:</i> Waiver</p> <p><i>Benefit Category:</i> <a href="#">1115 Demonstration</a></p> <p><i>Program Name:</i> Maternal Life360 HOME</p> | <p>-Support healthy pregnancy and baby</p> <p>-Ensure connections to prenatal/well child care and any health-related needs (e.g., housing or food assistance) through partnership/referral agreements with community agencies providing resources and services</p> | <p>-Women with high-risk pregnancies who are eligible for Medicaid and are in the state's Medicaid expansion program, AR Health &amp; Opportunity for me (ARHOME), and who live in the Life360's selected service area</p> <p>-Life360 will be available in approved birthing hospitals</p> <p>-Duration: Pregnancy through child's first two years of life</p> <p>-No caps on number of home visits</p> | PMPM <sup>6</sup>                | <p>Y<sup>7</sup></p> <p>HFA<br/>PAT<br/>NFT</p> |
| California      | N                                    |  |  |  |                                  |   |
| Colorado        | Y                                    | <p><i>Federal Authority:</i> <a href="#">State Plan</a></p> <p><i>Benefit Category:</i> TCM</p> <p><i>Program Name:</i> Nurse Home Visitor Program</p>       | <p>To bill for TCM, at least one of the following <a href="#">components</a> must be provided:</p> <p>-Assessment of the first-time pregnant woman and her first child's needs for health, mental health, social services, education,</p>                          | <p>-Medicaid-eligible first-time pregnant women (or have had no previous live birth)</p> <p>-Child up to second birthday</p>   | FFS                              | N   |



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| Colorado, cont.      |                                      |   | <p>housing, childcare and related services</p> <p>-Development of care plans to obtain the needed services</p> <p>-Referral to resources to obtain the needed services, including medical providers who provide care to a first-time pregnant woman and her first child</p> <p>-Routine monitoring and follow-up visits with the women where progress in obtaining the needed services is monitored, problem-solving assistance is provided and the care plans are revised to reflect the woman's and child's current needs</p> |  |                                  |  |
| Connecticut          | N                                    |   |   |  |                                  |  |
| Delaware*            | N                                    |   |   |  |                                  |  |
| District of Columbia | N                                    |   |   |  |                                  |  |



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| Florida | Y                                    | <i>Federal Authority:</i><br><a href="#">Waiver</a><br><br><i>Benefit Category:</i><br><a href="#">1115 Demonstration</a> <sup>8</sup><br><br><i>Program Name:</i><br>Florida Healthy Start Program | <ul style="list-style-type: none"> <li>- Prenatal Pathways home visits include: Assessments, referrals, counseling, educational materials, and other risk appropriate interventions</li> <li>- Infant-Child Pathways home visits include: Assessment, referrals, counseling, educational materials, and other risk appropriate interventions</li> <li>- Interconception Care Counseling Pathway (face-to-face) includes connections to local resources and counseling on contraception options</li> </ul> | <ul style="list-style-type: none"> <li>-All pregnant and postpartum Medicaid enrollees; pregnant women who are presumptively eligible for Medicaid; and pregnant women who are eligible for Medicaid Under Section 9401 of the Sixth Omnibus Reconciliation Act of 1986 (SOBRA)</li> <li>-Post-partum coverage 12-months from last day of pregnancy</li> <li>-Identified through Healthy Start Prenatal or Postnatal Risk Screening, referrals by community agencies, a health care provider, an MMA plan, self-referral, or through SOBRA</li> <li>-The Healthy Start Prenatal Program covers up to 18 home visits per member</li> </ul> | FFS                              | N  |
| Georgia | N                                    |   |   |   |                                  |  |
| Hawaii  | N                                    |   |   |   |                                  |  |
| Idaho   | Y                                    | <i>Federal Authority:</i><br><i>State Plan</i>  | Case management   | At risk children ages 0 through 4 years and parents of those children   | <a href="#">FFS</a> <sup>9</sup> | Y<br><br>PAT                               |



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| Idaho, cont. |                                      | <i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br>Targeted Case Management: At-Risk Children  |   | who meet <a href="#">screening criteria</a> for the benefit   |                                  | NFP  |
| Illinois     | N                                    |  |   |   |                                  |  |
| Indiana      | N                                    |  |   |   |                                  |  |
| Iowa         | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Direct Care Services<br><br><i>Program Name:</i><br>Nursing Visit in the Home | Antepartum services:<br>-Nursing assessment including physical status, mental and emotional status<br>-Home environment in relation to safety and support services<br>-Client's knowledge of health behaviors to ensure healthy pregnancy outcome<br>-Health education topics including pregnancy and postpartum danger signs | Pregnant and postpartum women within 2 weeks of the infant's discharge (or within 6 weeks if there are scheduling issues) | FFS                              | N  |



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| Iowa, cont. |                                      |   | Postpartum services:<br>-Nursing assessment to include mother's health status, discussion of physical and emotional changes postpartum, including relationships, sexual changes, additional stress, nutritional needs, physical activity, and grief support for unhealthy outcome<br>-Family planning<br>-Review of parenting skills including nurturing, meeting infant needs, bonding, and parenting of a sick or preterm infant (if applicable)<br>-Assessment of the infant's health including a review of infant care including feeding and nutritional needs, oral health, breast-feeding support, recognition of illness, accident prevention, immunizations, and well-child care<br>-Identification and referral to community resources as needed |  |                                  |  |
| Kansas      | N                                    |   |   |  |                                  |  |



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| Kentucky | Y                                    | <p><i>Federal Authority:</i><br/> <a href="#">State Plan</a></p> <p><i>Benefit Category:</i><br/>           TCM</p> <p>Program Name:<br/> <a href="#">Kentucky Health Access Nurturing Development Services (HANDS)</a></p> | <p>-Assist the child and family, as it relates to the treatment plan, in accessing needed services and coordinating services with other programs</p> <p>-Monitor progress by making referrals, tracking the appointments, performing follow-up services, and performing periodic evaluation of the changing needs</p> <p>-Perform activities to enable the child and family to gain access to needed services</p> <p>-Prepare and maintain case records documenting contacts, services needed, reports, progress</p> <p>-Provide case consultation (i.e., with the service providers/collaterals in determining child's status and progress)</p> <p>-Perform crisis assistance (i.e., intervention on behalf of the child, making arrangement for emergency referrals, and coordinating other needed emergency service).</p> | <p>-<u>High-risk</u> pregnant women who are new or expectant parents through the first two years of baby's life</p> <p>-Must be enrolled during pregnancy or before a child is 90 days old</p> | FFS                              | Y<br>HANDS                                 |



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| Louisiana     | N                                    |   |   |   |  |  |
| Massachusetts | Y                                    | <p><i>Federal Authority:</i><br/>CHIP State Plan Amendment</p> <p><i>Benefit Category:</i><br/><a href="#">Health Service Initiative</a></p> <p><i>Program Name:</i><br/>Healthy Families Massachusetts</p> | <p>Home visits with parent and child start with an initial assessment of risks, resilience, and opportunities for growth, followed by:</p> <ul style="list-style-type: none"> <li>- Child developmental screenings at least twice a year during participation</li> <li>- Child social &amp; emotional development screening at least twice a year during participation</li> <li>- Parent depression screening at least twice a year during participation</li> <li>- Interpersonal violence screening at least twice a year during participation</li> <li>- Referrals to health care providers for parent(s) and children, as needed</li> <li>- Education and referrals, if needed, for child immunizations</li> <li>- Education and referrals, if needed, for child developmental delays</li> </ul> | <p>Member eligibility:</p> <ul style="list-style-type: none"> <li>- Medicaid or CHIP eligible high-risk pregnant women and first-time mothers and fathers ages 23 and younger</li> <li>- Available statewide</li> <li>- Eligible beginning at any point in pregnancy through baby's first birthday</li> </ul> <p>Duration of Covered Home Visiting Service:</p> <ul style="list-style-type: none"> <li>- Participation can begin at any point in pregnancy and can continue through child's third birthday</li> </ul> | <p><a href="#">Certified Public Expenditure (CPE)</a><sup>10</sup></p> | N  |



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| Massachusetts, cont. |                                      |  | <ul style="list-style-type: none"> <li>- Education and referrals, if needed, for mental health services</li> <li>- Education and referrals, if needed, for interpersonal violence supports and services</li> <li>- Referrals to other services and resources, e.g., housing, WIC, SNAP, TAFDC, child care subsidies, education and job training, transportation</li> <li>- Parent support groups</li> </ul>   |  |                                  |  |
| Maryland*            | Y                                    | <p><i>Federal Authority:</i><br/> <a href="#">State Plan</a></p> <p><i>Benefit Category:</i><br/>           Preventive Service</p> <p><i>Program Name:</i><br/> <a href="#">Home Visiting Services program</a></p> | <p><u>Prenatal:</u></p> <ul style="list-style-type: none"> <li>-Monitoring for high blood pressure or other complications of pregnancy</li> <li>-Diet and nutritional education*<sup>11</sup></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*</li> </ul> | <ul style="list-style-type: none"> <li>-Pregnant women throughout the perinatal period; up to child's second or third birthday, depending on program of enrollment</li> <li>-HFA: HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent</li> <li>-NFP: begins as early as possible in pregnancy, but not later than the end of the 28th week of pregnancy.</li> </ul> | FFS                              | Y<br><br>HFA<br>NFP                        |



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| Maryland, cont. |                                      |   | <p>-Domestic and intimate partner violence screening and education*</p> <p>-Pregnancy education</p> <p>-Facilitation of access to community or other resources such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP, and intimate partner violence resources*</p> <p><u>Postpartum:</u></p> <p>-Postpartum depression education</p> <p>-Breastfeeding support and education</p> <p>-Guidance and education with regard to well woman visits to obtain recommended preventive services</p> <p>-Medical assessment of the postpartum mother and infant, as determined by medical necessity</p> <p>-Child development education</p> <p>-Maternal-infant safety assessment and education (e.g. safe sleep education for Sudden Infant Death)</p> | Clients complete the program when the child turns 2 years old |                                  |  |



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| Maryland, cont. |                                      |   | <p>Syndrome (SIDS) prevention)<br/>           -Counseling regarding postpartum recovery, family planning, and needs of a newborn<br/>           -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)<br/>           -Parenting skills, parent-child relationship building, and confidence building</p> <p><u>Infant:</u><br/>           -Child developmental screening at major developmental milestones<br/>           -Parenting skills, parent-child relationship building, and confidence building<br/>           -Breastfeeding support and education<br/>           -Facilitation of access to community or other resources such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP,</p> |  |                                  |  |



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|              |                                      |  | and intimate partner violence resources   |  |                                  |  |
| Maine*       | N                                    |  |   |  |                                  |  |
| Michigan     | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Extended Services to Pregnant Women and EPSDT<br><br><i>Program Name:</i><br><a href="#">Maternal Infant Health Program</a> | -Evidence-based health and psychosocial assessments<br>-Individualized plans of care<br>-Care coordination<br>-Interventions, including referrals for community services, local childbirth education or parenting classes, lactation support services, dietician services | -Medicaid eligible pregnant women and infants up to 12 months of age<br><br>-Services may be extended for infants beyond 12 months (until 18 months of age) based on additional risks or needs | FFS and PMPM                     | N  |
| Minnesota    | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Other Practitioner's Services<br><br><i>Program Name:</i><br><a href="#">Family Home Visiting</a>                           | -Health promotion and counseling<br>-Nursing assessment treatment and diagnostic testing  | Medicaid eligible pregnant women through the child's third birthday  | FFS <sup>12</sup>                | N  |
| Mississippi* | N                                    |  |   |  |                                  |  |



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| Missouri*     | N                                    |  |  |  |                                  |  |
| Montana       | N                                    |  |  |  |                                  |  |
| Nebraska*     | N                                    |  |  |  |                                  |  |
| Nevada        | N                                    |  |  |  |                                  |  |
| New Hampshire | Y                                    | <i>Federal Authority:</i><br>State Plan<br><br><i>Benefit Category:</i><br>Other Diagnostic, Screening, Preventive, and Rehabilitative Services<br><br><i>Program Names :</i><br>(1) <a href="#">Healthy Families America New Hampshire</a> and (2) <a href="#">Comprehensive Family Support Services</a> (CFSS) | -Initial assessment <sup>13</sup><br>-Prenatal assessment, support and education<br>-Parenting skills and child development education<br>-Parental assessment, support, and education<br>-Family planning<br>-Community support guidance <sup>14</sup><br>-Education and support to assure recipient has access to and obtains preventive acute health care<br>-Follow-up activities | -Available statewide<br><br>-Medicaid enrolled pregnant women and infants up to age 1 without restrictions; children ages 1-21 with restrictions | PMPM or FFS <sup>15</sup>        | N  |
| New Jersey*   | Y                                    | <i>Federal Authority:</i><br>Waiver<br><br><i>Benefit Category:</i><br><a href="#">1115 Demonstration</a><br><br><i>Program Name:</i><br>New Jersey Home   | Prenatal:<br>-Blood pressure monitoring<br>-Nutrition education<br>-Stress management<br>-STD prevention education<br>-Tobacco use cessation<br>-Depression screening<br>-Domestic violence screening and education  | -Available as a pilot program for up to 500 families in 11 counties, including:<br>-High-risk pregnant women up to 60 days postpartum            | PMPM                             | Y<br><br>HFA<br>PAT<br>NFP                 |



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| New Jersey*, cont. |                                      | Visiting Pilot Program  | Postpartum:<br>-Same as above<br>-Breastfeeding support<br>-Safety assessment<br>-Postpartum recovery counseling<br>-Parenting skills<br>-Medical assessment<br><br>Infant<br>-Breastfeeding support<br>-Parenting skills and attachment   | -Parents of children up to age 2 for NFP and age 3 for HFA and PAT  |                                  |  |
| New Mexico         | Y                                    | <i>Federal Authority:</i><br><a href="#">Waiver</a><br><br><i>Benefit Category:</i><br><a href="#">1115 Demonstration</a><br><br><i>Program Name:</i><br>Centennial Home Visiting Pilot | Prenatal:<br>-Blood pressure monitoring<br>-Nutrition education<br>-Stress management<br>-STD prevention education<br>-Tobacco use cessation<br>-Depression screening<br>-Domestic violence screening and education<br><br>Postpartum:<br>-Same as above<br>-Breastfeeding support<br>-Safety assessment<br>-Postpartum recovery counseling<br>-Parenting skills<br>-Medical assessment<br><br>Infant: | -Available to 400 families<br><br>-Medicaid-enrolled pregnant women residing in counties with evidence-based HV programs<br><br>-NFP eligibility is from pregnancy through the child's second birthday<br><br>-PAT eligibility is from pregnancy through the child's fifth birthday | <a href="#">FFS<sup>16</sup></a> | Y<br><br>PAT<br>NFP                        |



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|                 |                                      |  | -Breastfeeding support<br>-Parenting skills and attachment   |   |                                  |  |
| New York        | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br><a href="#">First-time Mothers/ Newborns Program</a> | -Comprehensive assessment<br>-Care plan within 30 days<br>-Referral and related activities<br>-Monitoring and follow-up activities | -Available in select counties <sup>17</sup><br><br>-Low-income, pregnant women who will be first-time mothers and their newborn children up to each child's second birthday<br><br>-Must be enrolled by 28 weeks of pregnancy<br><br>-At least bi-weekly home visit | <a href="#">FFS</a>              | N  |
| North Carolina* | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>EPSDT<br><br><i>Program Name:</i><br><a href="#">Newborn Home Visit</a>                 | -Assessment<br>-Counseling<br>-Education<br>-Referral to other needed services   | -Medicaid-enrolled infants from birth to 60 days<br><br>-Limited to one home visit  | FFS                              | N  |
| North Dakota    | Y                                    | <i>Federal Authority:</i><br>State Plan  | -Assessment<br>-Case planning and monitoring<br>-Care coordination   | Medicaid-enrolled pregnant women who are at high-risk for poor birth outcomes up to infant becoming six   | FFS                              | N  |



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|---------------------|--------------------------------------|--|--|---|--|--|
| North Dakota, cont. |                                      | <i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br>Targeted Case Management for High-Risk Pregnant Women   | <ul style="list-style-type: none"> <li>-Health and parenting education</li> <li>-Follow-up visits</li> </ul>   | months of age, including one or more of the following:<br><ul style="list-style-type: none"> <li>-Age 17 or younger</li> <li>-Age 35 or older</li> <li>-Uses any alcohol during pregnancy</li> <li>-Uses illegal drugs</li> <li>-Abuses prescription drugs</li> <li>-Previous preterm delivery or low birth weight</li> <li>-Last birth within one year</li> <li>-Multi-fetal gestation</li> <li>-Tobacco use</li> <li>-Developmental disability</li> <li>-Certain medical conditions</li> <li>-Mental health disorder</li> <li>-Known birth defects</li> </ul> |  |  |
| Ohio                | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Pregnancy Related Services/EPSDT<br><br><i>Program Name:</i><br>Nurse Home Visiting Program | <ul style="list-style-type: none"> <li>-Prenatal visits</li> <li>-Postpartum visits</li> <li>-Training in pediatric care</li> <li>-Nursing examinations, which focus on assessment of social determinants of health, education, and emotional support</li> <li>-Health education</li> <li>-Maternal depression screening</li> <li>-Lactation counseling</li> </ul> | <ul style="list-style-type: none"> <li>-Available statewide</li> <li>-Expectant parents eligible for Medicaid up to infant age 2 once enrolled</li> <li>-Service is <a href="#">medically necessary</a></li> <li>-At least one of the following medically complex conditions that may put an individual at a high risk for preterm birth:               <ul style="list-style-type: none"> <li>-Asthma</li> <li>-Diabetes</li> </ul> </li> </ul>  | FFS <sup>18</sup> and PMPM <sup>19</sup> | Y <sup>20</sup><br><br>NFP                 |



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|-------------|--------------------------------------|--|--|---|----------------------------------|--|
| Ohio, cont. |                                      |  |  | <ul style="list-style-type: none"> <li>-Cardiovascular disease</li> <li>-Substance use disorder</li> <li>-History of pre-term birth</li> </ul> <p>-The individual is not currently receiving another service that substantially duplicates a nurse home visiting service</p>  |                                  |  |
| Oklahoma    | Y                                    | <i>Federal Authority:</i><br>State Plan<br><br><i>Benefit Category:</i><br><a href="#">TCM</a><br><br><i>Program Name:</i><br><a href="#">Children First</a> | <ul style="list-style-type: none"> <li>-Initial health assessment</li> <li>-Child development assessments</li> <li>-Nutrition education</li> <li>-Referrals to services (e.g., primary care, family planning, literacy services, employment)</li> <li>-Parenting skills and relationship information<sup>21</sup></li> </ul> | <ul style="list-style-type: none"> <li>-Available statewide</li> <li>-First-time pregnant women through the child's second birthday</li> <li>-At or below 185% of FPL</li> <li>-Less than 29 weeks pregnant at enrollment</li> <li>-<a href="#">Limited to five</a> services per month per eligible member and 1 service per day</li> </ul> | PMPM <sup>22</sup>               | Y<br><br>NFP                               |
| Oregon      | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>TCM   | <ul style="list-style-type: none"> <li>-Comprehensive assessment</li> <li>-Care and service plan</li> <li>-Referral and coordination of services</li> <li>-Monitoring and follow-up</li> </ul>   | Medicaid-enrolled pregnant and perinatal women and up to child's second birthday with one or more of the following risk factors:<br><br><ul style="list-style-type: none"> <li>-Chronic health care condition that places the</li> </ul>  | FFS                              | N  |



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|---------------|--------------------------------------|---|--|---|----------------------------------|--|
| Oregon, cont. |                                      | <i>Program Name:</i><br>Nurse-Family Partnership  |  | perinatal-infant outcomes at high-risk<br>-Complications of pregnancy<br>-Inadequate prenatal care<br>-History of poor birth outcomes<br>-History of child abuse or tobacco use<br>-Substance use<br>-Mental health condition<br>-Intimate partner violence<br>-Exposure to environmental hazards<br>-History of incarceration<br>-Meets Nurse Family Partnership criteria<br>-Parent of a child with special health care needs |                                  |  |
|               | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br><a href="#">Babies First!</a> | -Educate how to keep mom or baby healthy<br>-Sign up for health care and/or the Oregon Health Plan<br>-Connect mother to needed services<br>-Health education on child growth and development<br>-Check to make sure child is learning and growing as they should<br>-Help with child's oral health care | -Children through age 4<br><br>Medicaid-enrolled pregnant and perinatal women with one or more of the following risk factors:<br>-Chronic health care condition that places the perinatal-infant outcomes at high-risk<br>-Complications of pregnancy<br>-Inadequate prenatal care  | FFS                              | N  |



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|---------------|--------------------------------------|---|--|--|----------------------------------|--|
| Oregon, cont. |                                      |   | <ul style="list-style-type: none"> <li>-Help mother make home safe for the child</li> <li>-Weigh the baby</li> <li>-Help with breastfeeding</li> </ul>   | <ul style="list-style-type: none"> <li>-History of poor birth outcomes</li> <li>-History of child abuse or tobacco use</li> <li>-Substance use</li> <li>-Mental health condition</li> <li>-Intimate partner violence</li> <li>-Exposure to environmental hazards</li> <li>-History of incarceration</li> <li>-Parent of a child with special health care needs</li> </ul>        |                                  |  |
|               | Y                                    | <p><i>Federal Authority:</i><br/> <a href="#">State Plan</a></p> <p><i>Benefit Category:</i><br/>           TCM</p> <p><i>Program Name:</i><br/> <a href="#">CaCoon</a></p> | <ul style="list-style-type: none"> <li>-Identify the child's strengths and needs</li> <li>-Connect with healthcare and other community supports</li> <li>-Make sure the child's health team works well together</li> <li>-Help gather information to make health-related decisions for the child</li> <li>-For youth with special health needs aged 12-21, some counties offer CaCoon services to prepare for the transition to adult health care, work, and independence</li> </ul> | <ul style="list-style-type: none"> <li>-Children and youth with special health needs from birth to age 21 years who have chronic health or developmental conditions, and who get care and services from a variety of sources</li> <li>-CaCoon is available in most Oregon counties. Local health departments vary in how many families they can serve through CaCoon.</li> </ul> | FFS                              | N  |



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|--------------|--------------------------------------|--|--|---|----------------------------------|--|
| Pennsylvania | Y                                    | <p><i>Federal Authority: Waiver</i></p> <p><i>Benefit Category: 1915(b) (<a href="#">MMC contract</a>)</i></p> <p><i>Program Name: Home Visiting Program</i></p> | <ul style="list-style-type: none"> <li>- Parent/caregiver and Infant Health promotion and prevention</li> <li>- Parent/caregiver education and support</li> <li>- Healthy child development</li> <li>- Child safety</li> <li>- Increase identification, screening, referral and mitigation of social determinants of health</li> <li>- Prevention of intimate partner violence</li> <li>- Reducing disparities in perinatal health</li> <li>- Strengthening family economic self-sufficiency</li> <li>- Family planning</li> <li>- Increasing postpartum health care visits</li> <li>- Increasing screenings for Maternal/Caregiver depression, anxiety and substance use disorder and follow-up care on positive screenings and other behavioral healthcare needs</li> <li>- Increasing rates of well-child visits and follow up</li> <li>- Increasing plans of safe care for all infants born</li> </ul> | <p>-Medicaid-enrolled first-time parents of children with certain risk factors during pregnancy and the child's first 18 months of life</p> <p>-Unlimited home visits</p> | PMPM                             | N  |



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|---------------------|--------------------------------------|---|---|---|----------------------------------|--|
| Pennsylvania, cont. |                                      |   | affected by substance abuse<br>- Increasing rates of dental appointments and follow up for the child's first dental appointment and routine 6-month dental appointments thereafter<br>- Additional screenings and assessments to identify needs |   |                                  |  |
|                     | Y <sup>23</sup>                      | <i>Federal Authority:</i><br>N/A<br><br><i>Benefit Category:</i><br>N/A<br><br><i>Program Name:</i><br>Nurse-Family Partnership | Case management service for the child once born   | -Child's Enrollment in NFP from birth through age two (the conclusion of the model)<br><br>-Set fee per visit required to maintain model fidelity | FFS <sup>24</sup>                | Y<br>NFP                                   |



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|--------------|--------------------------------------|---|---|---|----------------------------------|--|
| Rhode Island | Y                                    | <p><i>Federal Authority:</i><br/>Waiver</p> <p><i>Benefit Category:</i><br/><a href="#">1115 Demonstration</a></p> <p><i>Program Name:</i><br/>Family Home Visiting Program</p> | <p>Prenatal:</p> <ul style="list-style-type: none"> <li>-Linkage to medical home</li> <li>-Immunization information</li> <li>-Stress management</li> <li>-Labor and delivery preparation</li> <li>-Link to dental home</li> <li>-Prenatal health and nutrition</li> <li>-Home safety</li> <li>-Family planning</li> <li>-Depression screening, linkage to resources</li> <li>-Tobacco, alcohol, and substance use screening and linkage to resources</li> <li>-Interpersonal violence screening</li> <li>-Childcare planning</li> <li>-Coaching caregivers on new role as parents</li> <li>-Linkage to community services</li> <li>-Social determinants of health screening</li> <li>-Developing family goal plans</li> </ul> <p>Postpartum:</p> <ul style="list-style-type: none"> <li>-Diet/nutrition education</li> <li>-Postpartum care</li> <li>-Counseling regarding postpartum recovery</li> </ul> | <p>NFP: Medicaid-enrolled first-time, pregnant women who enroll before 28 weeks gestation until child's second birthday</p> <p>HFA: Medicaid-enrolled pregnant women or parents of children under three months of age until child's fourth birthday</p> | FFS                              | Y<br><br>HFA<br>NFP                        |



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|---------------------|--------------------------------------|---|--|--|----------------------------------|--|
| Rhode Island, cont. |                                      |   | <ul style="list-style-type: none"> <li>-Establishing ongoing medical home for parents</li> <li>-Education on well woman visits</li> <li>-Parent immunizations to protect newborn</li> <li>-Stress management</li> <li>-Positive parent and family health coaching</li> <li>-STD prevention education</li> <li>-Family planning education</li> <li>-Depression screening, linkage to resources</li> <li>-Tobacco, alcohol, substance use screening and linkage to resources</li> <li>-Breastfeeding support and education</li> <li>-Parenting education, coaching</li> <li>-Planning to return to work and/or school</li> <br/> <li>Child:               <ul style="list-style-type: none"> <li>-Caring for newborn</li> <li>-Education on child development</li> <li>-Establish medical home</li> <li>-Immunization and well child visit education</li> <li>-Home safety assessment</li> <li>-Assessing quality of home environment</li> <li>-Developmental screening</li> </ul> </li> </ul> |  |                                  |  |



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|---------------------|--------------------------------------|---|---|--|----------------------------------|--|
| Rhode Island, cont. |                                      |   | -Literacy promotion<br>-Establish dental home<br>-Feeding/nutrition counseling<br>-Social determinants of health screening  |  |                                  |  |
|                     | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Preventive Services<br><br><i>Program Name:</i><br>Family Home Visiting Program Services for Caregivers<br>( <a href="#">Parents as Teachers</a> ) | -Developmental screening for infants and children<br>-Psychoeducation on child development<br>-Parenting skill building support (e.g., stress management and child discipline)<br>-Connecting families to resources and social services, as necessary | Pregnant women and parents with children up to age 4 | FFS                              | Y<br><br>PAT                               |



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|----------------|--------------------------------------|--|--|--|----------------------------------|--|
| South Carolina | Y                                    | <p><i>Federal Authority:</i><br/>Waiver</p> <p><i>Benefit Category:</i><br/><a href="#">1915(b)</a></p> <p><i>Program Name:</i><br/>Enhanced Prenatal and Postpartum Home Visiting Pilot Project</p> | <p>Prenatal:</p> <ul style="list-style-type: none"> <li>-Linkage to medical home</li> <li>-Immunization information</li> <li>-Stress management</li> <li>-Labor and delivery preparation</li> <li>-Link to dental home</li> <li>-Prenatal health and nutrition</li> <li>-Home safety</li> <li>-Family planning</li> <li>-Depression screening</li> <li>-Tobacco screening</li> <li>-Interpersonal violence screening</li> <li>-Childcare planning</li> <li>-Social determinants of health screening</li> </ul> <p>Postpartum:</p> <ul style="list-style-type: none"> <li>-Diet and nutrition education</li> <li>-Postpartum care</li> <li>-Counseling</li> <li>-Education on well woman visits</li> <li>-Stress management</li> <li>-Positive parent and family health coaching</li> <li>-STD prevention education</li> <li>-Family planning education</li> <li>-Depression screening</li> <li>-Breastfeeding support and education</li> </ul> | <p>-Available in areas served by a local NFP provider<sup>25</sup></p> <p>-Medicaid-enrolled first-time pregnant woman and less than 28 weeks pregnant and their infant up to 2 years of age</p> | <a href="#">FFS<sup>26</sup></a> | <p>Y</p> <p>NFP</p>                        |



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|-----------------------|--------------------------------------|---|--|--|----------------------------------|--|
| South Carolina, cont. |                                      |   | -Parenting education<br><br>Child:<br>-Caring for newborn<br>-Education on child development<br>-Establish medical home<br>-Immunization and well child visit education<br>-Home safety assessment<br>-Assessing quality of home environment<br>-Developmental screening<br>-Literacy promotion<br>-Establish dental home<br>-Feeding and nutrition counseling<br>-Social determinants of health screening |  |                                  |  |
| South Dakota          | N <sup>27</sup>                      |   |  |  |                                  |  |
| Tennessee             | N                                    |   |  |  |                                  |  |



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|----------|--------------------------------------|--|---|--|----------------------------------|--|
| Texas    | N                                    |  |   |  |                                  |  |
| Utah     | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>Extended Services to Pregnant Women<br><br><i>Program Name:</i><br>Prenatal and Postnatal home visits | -Assess the home environment and implications for management of prenatal and postnatal care<br>-Provide direct care<br>-Encourage regular visits for prenatal care<br>-Provide emotional support<br>-Determine educational needs<br>-Monitor progress<br>-Make assessments<br>-Re-evaluate the plan of care | -If deemed necessary, provided to pregnant women throughout pregnancy and up to the end of the month in which the 60 days following pregnancy ends<br><br>-Limited to no more than six visits during any 12-month period | FFS                              | N  |
|          | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br>Targeted Case Management for Children                              | -Assessment<br>-Assist in access to needed medical, social, educational, and other services<br>-Help Medicaid recipients to access needed services<br>-Ensure that services are coordinated among all agencies and providers involved   | All Medicaid children ages 0-4   | FFS                              | N  |
| Virginia | N                                    |  |   |  |                                  |  |



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|---------|--------------------------------------|---|---|---|--|--|
| Vermont | Y                                    | <i>Federal Authority:</i> Waiver<br><br><i>Benefit Category:</i> 1115 Demonstration<br><br><i>Program Name:</i> <a href="#">Children's Integrated Services</a>  | -Patient education<br>-Case management<br>-Targeted case management<br>-Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children | -Pregnant postpartum women<br>-Children from birth up to age 6  | <a href="#">PMPM</a>   | N  |
|         | Y                                    | <i>Federal Authority:</i> State Plan<br><br><i>Benefit Category:</i> Extended Services to Pregnant Women<br><br><i>Program Name:</i><br>(1)Strong Families Vermont Sustained Nurse<br><br>(2)Family Support Home Visiting | -Case management<br>-Patient education<br>-Family training and counseling<br>-Developmental screening<br>-Infant safety<br>-Parenting classes<br>-Depression screening<br>-Assessment<br>-Team meetings               | -Available when authorized by the state Title V agency<br><br>-Medicaid eligible and enrolled pregnant and postpartum women, parents, and caregivers with children birth through age five<br><br>-The Strong Families Vermont sustained nurse home visiting program supports families prenatally and up to age two for child<br><br>-The sustained Family Support Home Visiting program can enroll and work with families | Sustained Family Support Home Visiting Program: PMPM<br><br>Sustained Nurse Home Visiting Program: FFS | Y<br><br>PAT                               |



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|----------------|--------------------------------------|---|---|---|----------------------------------|--|
|                |                                      |   |   | prenatally and through the age of 5 for the child   |                                  |  |
| Washington     | Y                                    | <i>Federal Authority:</i><br>State Plan<br><br><i>Benefit Category:</i><br>MSS: Extended services for pregnant women<br><br>ICM: TCM<br><br><i>Program Name:</i><br><a href="#">First Steps</a> | <a href="#">Maternity Support Services</a> (MSS), including: <sup>28</sup><br><br>-Case management and care coordination<br>-Pregnancy and parenting information<br>- <a href="#">Screening</a> for pregnancy risk factors<br>-Brief counseling<br>-Referral to community resources<br>-Infant case management (ICM)<br><br><a href="#">Infant case management (ICM)</a><br>-Case management and care coordination<br>-Referrals to community resources | To be eligible for MSS, beneficiary must:<br>-Meet the definition of " <a href="#">Maternity Cycle</a> " (i.e., pregnancy through 60 days postpartum)<br>-Be covered under the state Medicaid program<br><br>To be eligible for ICM, beneficiary must:<br>-Be covered by state Medicaid program<br>-Meet age requirement (i.e., day after Maternity Cycle until the child's first birthday)<br>-Reside with one parent who needs support meeting child's needs<br>-Not be receiving case management services through another Medicaid program | FFS                              | N  |
| West Virginia* | Y                                    | <i>Federal Authority:</i><br>N/A<br><br><i>Benefit Category:</i><br>N/A<br><br><i>Program Name:</i>   | N/A   | -Available statewide<br><br>-Be pregnant or have a child less than one year old<br><br>-Be enrolled in Medicaid or receive medical coverage   | N/A                              | N  |



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|---------------------|--------------------------------------|--|---|---|----------------------------------|--|
|                     |                                      | <a href="#">Right from the Start</a>   |   | through the Office of Maternal, Child and Family Health   |                                  |  |
| <b>Wisconsin</b>    | Y                                    | <i>Federal Authority:</i><br><a href="#">State Plan</a><br><br><i>Benefit Category:</i><br>TCM<br><br><i>Program Name:</i><br><a href="#">Prenatal Care Coordination</a> | -Outreach<br>- <a href="#">Initial assessment</a><br>-Care plan development<br>-Care coordination<br>-Health education and nutrition counseling | -Available statewide<br><br>-Medicaid-eligible pregnant women and postpartum women (up to 60 days postpartum) with a high-risk for adverse pregnancy outcomes as determined by the Department-sanctioned <a href="#">risk assessment</a><br><br>-Health and nutrition educational services are limited to 10 sessions per pregnancy<br><br>-Follow-up home visits are limited to 10 per pregnancy | <a href="#">FFS</a>              | N  |
| <b>Wyoming</b>      | N                                    |  |   |   |                                  |  |
| <b>TOTAL (51)**</b> | Y: 28<br>N: 23                       | State Plan: 22<br>Waiver: 8  |   | Pregnancy or Postpartum: 26<br>Children: 19   | FFS: 23<br>PMPM: 9               | Y: 13<br>N: 18                             |

\*The information NASHP compiled about this state was not confirmed by the state’s Medicaid or MIECHV officials.

\*\* Some states have more than one home visiting program or may not be clearly defined under the categories listed, resulting in some duplication or variation in totals.



Specific information about state Medicaid programs' reimbursement of home visiting services was collected and analyzed from state Medicaid managed care contracts, state policy manuals, and other publicly available materials.

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<sup>1</sup> High-risk pregnancy includes consideration of the mother's age (less than 17 or older than 35), previous negative pregnancy outcomes, and those with existing medical conditions prior to becoming pregnant (e.g., high blood pressure, diabetes, sexually transmitted diseases).

<sup>2</sup> NFP services will be [reimbursed](#) once per month, per participating family unit/NFP Client ID in the amount of \$765.47. The first date of service eligible for payment was July 1, 2022.

<sup>3</sup> If a certified nurse-midwife chooses to discharge a low-risk mother and newborn from the hospital early (less than 24 hours), the certified nurse-midwife may provide a home visit to the mother and baby within 72 hours of the hospital discharge or the certified nurse-midwife may request an early discharge home visit from any clinic that provides perinatal services.

Arkansas Medicaid Health Care Providers, Provider Manual Update Transmittal No. 59. <https://www.sos.arkansas.gov/uploads/rulesRegs/Arkansas%20Register/2005/jun-2005/016.06.05-047.pdf>

<sup>4</sup> Each SafeCare evidence-based home visiting program activity typically involves one assessment session and five training sessions.

<sup>5</sup> The SafeCare evidence-based home visiting program is designed to improve the health and safety of young children for families with a history of child maltreatment or risk factors for child maltreatment, including young parents; parents with multiple children; parents with history of depression or other mental health problems, substance abuse or intellectual disabilities; parents being reunified with their children; parents recently released from prison and parents with a history of domestic violence or intimate partner violence. The program also serves parents of children with developmental or physical disabilities or mental health, emotional or behavioral issues.

<sup>6</sup> Hospitals will be paid a monthly rate based on the number of clients being served.

<sup>7</sup> Life360 hospitals are required to implement evidence-based home-visitation models that meet the U.S Department of Health and Human Services department's criteria as an evidence-based home visiting service delivery model (e.g. Healthy Families America, Parents as Teachers or Nurse Family Partnership) to support the mother and the child.

<sup>8</sup> "Managed Medical Assistance Program AHCA Contract," The Agency for Health Care Administration, September 1, 2021.

[https://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/Contracts/2021-10-01/Exhibit\\_II\\_A\\_MMA-2021-10-01.pdf](https://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2021-10-01/Exhibit_II_A_MMA-2021-10-01.pdf)

<sup>9</sup> Providers are paid on a unit-of-service basis that does not exceed one unit (encounter) per day. The rate for reimbursement for Home Visiting services is computed as follows: Compute the Total Encounters, Compute the Total Allowable Medicaid Program Expenditures, Divide the Total Allowable Medicaid Program Expenditures by the Total Encounters, Equals Reimbursable Cost Per Encounter. The Department's rates are the rates paid in all areas of the state, and all providers receive the same rate.

<sup>10</sup> Federal Financial Participation (FFP) is attached to the child, therefore, MassHealth claims FFP on spend for Medicaid eligible members receiving services from Healthy Families as a CPE.

<sup>11</sup> Service is available during both prenatal and postpartum home visit.

<sup>12</sup> \$140 per visit for HomVEE models and \$25-\$110 per visit for non-HomVEE models.

<sup>13</sup> Full list of covered services found in He-W 549.05. <https://casetext.com/regulation/new-hampshire-administrative-code/title-he-department-of-health-and-human-services/subtitle-he-w-former-d-ivision-of-human-services/chapter-he-w-500-medical-assistance/part-he-w-549-home-visiting-new-hampshire-and-childfamily-health-care-support-services/section-he-w-54905-covered-services>

<sup>14</sup> [Part He-W 547 Home Visit for Postpartum and Newborn Assessment](#). Accessed August 17, 2022.

<sup>15</sup> FFS for people who are be exempt from MCO enrollment.

<sup>16</sup> NFP is limited to 64 total visits and PAT is limited to 98 total visits.

<sup>17</sup> These services are limited to the following geographic areas: New York City, Monroe, Albany, Erie, Cayuga, Chautauqua, Nassau, Niagara, Chemung, Westchester, and Onondaga Counties.



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- <sup>18</sup> Ohio managed care entities fund three NFP sites using infant mortality grants. Ohio Medicaid’s Maternal and Infant Support Program is working to design a new Medicaid evidence-based home visiting benefit. Accessed August 22, 2022. <https://medicaid.ohio.gov/static/Families%2C+Individuals/Programs/MISP/Nurse+Home+Visiting+July+29+28Jul21.pdf>
- <sup>19</sup> Please see Ohio Administrative Code (OAC) 5160-21-05 <https://codes.ohio.gov/ohio-administrative-code/rule-5160-21-05> which outlines coverage and payment for nurse home visiting services.
- <sup>20</sup> Medicaid beneficiaries receiving these services must be deemed “high risk” per definition in OAC 5160-21-05 to be reimbursed by Medicaid.
- <sup>21</sup> Oklahoma Secretary of State Administrative Rules: [Admin Code 310:528-1-3](#)
- <sup>22</sup> \$13.98 per unit for Targeted Case Management.
- <sup>23</sup> The Office of Child Development and Early Learning (OCDEL)-supported NFP programs may be able to bill Medicaid for home visits if the child has Medicaid and the program is using state funds from OCDEL to support the child and family.
- <sup>24</sup> \$77 per visit for the child. A unit must be at least 15 minutes.
- <sup>25</sup> As of August 30, 2022, eligible counties include Abbeville, Anderson, Barnwell, Berkeley, Charleston, Colleton, Darlington, Dillon, Dorchester, Edgefield, Florence, Georgetown, Greenville, Greenwood, Horry, Lexington, Marlboro, McCormick, Oconee, Orangeburge, Pickens, Richland, Saluda, Spartanburg, Union, and Williamsburg counties.
- <sup>26</sup> Reimbursement is available for up to 40 home visits during the eligibility period.
- <sup>27</sup> The Department of Health receives Medicaid reimbursement for allowable administrative activities of nurses and support staff for its home visiting program.
- <sup>28</sup> Other non-home visiting services are available through the First Steps program including medical services, expedited drug and alcohol services, and additional services (e.g., transportation and interpreter services).