

# Guidance for Referrals to CIS Strong Families VT Sustained Home Visiting Programs

This is a collaborative partnership between the Vermont Department of Health (VDH), Family and Child Health Division (FCH) and the Department for Children and Families (DCF), Child Development Division (CDD), Children's Integrated Services (CIS). The Strong Families Vermont Home Visiting continuum illustrates the CIS home visiting service area embedded in the CIS system of care.

This guidance and the accompanying Referral Flow Chart is to be shared and used by all local CIS Referral and Intake Teams, CIS Coordinators, and local CIS providers.

## **Children's Integrated Services:**

- The Strong Families Vermont (SFVT) Continuum of Home Visiting is one of the four core CIS services, along with Early Intervention (EI), Early Childhood and Family Mental Health (ECFMH), and Specialized Child Care (SCC).
- The SFVT Sustained Home Visiting programs (Nurse - MECSH and Family Support (PAT) are part of the SFVT Continuum of Home Visiting and CIS array of services. The sustained programs are only funded by VDH.
- Families participating in the SFVT Sustained Home Visiting programs are considered and counted as CIS clients.

## **Funding:**

- The Family and Child Health Division of VDH funds and administers the Sustained Home Visiting programs. Funding to provide these services is separate from the CIS bundled rate, and programs providing sustained home visiting services have subrecipient agreements with VDH. Even though the funding for sustained home visiting sits outside of the CIS case rate, the services are as much a part of the service array as all other CIS services funded by the CIS case rate.
- Sustained Nurse Home Visiting (MECSH) – federal MIECHV (Maternal and Infant Early Childhood Home Visiting) funds.
- Sustained Family Support Home Visiting (PAT) – VDH Medicaid Per Member Per Month (PMPM) PAT Case rate.
- Responsive Nurse and Family Support Home Visiting – CIS Medicaid PMPM Bundled Case rate.

## Referrals:

CIS has a no wrong door referral approach, which means that a referral to either the sustained nurse or family support home visiting programs can be made directly to the program, and/or to the CIS Coordinator. Regardless of the referral door, *every sustained home visiting referral will be documented and shared with the CIS Coordinator, via the established process in each CIS region.* The receiver of the referral will make sure the family is aware of all CIS services that are available and appropriate so that the family can make their best decision, with support.

### *Refer to the MIECHV-funded Sustained Nurse Home Visiting Program (MECSH) –*

- People who are pregnant and up to 6-weeks postpartum and caregivers of infant's less <6 weeks post hospital discharge should be prioritized and referred to the sustained nurse home visiting program (MECSH).
- A core element and outcome of success with MECSH requires enrolling families during pregnancy. Model fidelity has a target of >80% of families are enrolled during pregnancy.
- Priority is to offer MIECHV funded MECSH to anyone eligible for the program to optimize utilization of our evidence-based nurse home visiting program and the impact on this target population. Offering to those eligible will help meet the federal caseload requirements and utilize our state's funding.
- MECSH enrollment continues prenatally up to the child's age of two. Families and nurse home visitors work together to determine when the program is completed and goals are met which could be before the age of 2 (family driven, not service provider driven.).

### *Refer to Sustained Family Support Home Visiting (PAT) –*

- People over 6-weeks postpartum, who are interested, should be referred to the sustained family support home visiting program (PAT).
- PAT also serves children through five years of age. Working with families for two years is optimal for best outcomes and to meet model fidelity, so referrals for children past the age of four are not recommended.

## Eligibility & Case load sizes:

- MIECHV-funded MECSH client eligibility:
  - Pregnant persons; and caregivers of infants < 6-weeks post hospital discharge must be eligible for Medicaid based solely on their income, not family or partner; there is no other income eligibility criteria.
- MIECHV-funded MECSH nurses will have a case load size of up to thirty clients/ per one full-time nurse home visitor, per MECSH model fidelity requirements.

- VDH-funded PAT client eligibility:
  - Parent/child are Medicaid eligible and must be enrolled in Medicaid.
  - PAT can work with a child through the age of five, and model fidelity states that program effectiveness is best achieved with 2 years of PAT enrollment.
- VDH-funded PAT family support home visitors will have a case load size of eighteen clients per one full-time family support home visitor, per PAT model fidelity requirements.

### **Implications for practice**

- Families cannot be dually enrolled in Sustained Nurse (MECSH) and Sustained Family Support (PAT) Home Visiting, even if you have two separate index children (one younger, one older) This is also not permissible per Medicaid regulations.
- Families cannot be dually enrolled in a sustained and responsive home visiting service of the same discipline of home visitor. This is also not permissible per Medicaid regulations.
- Sustained Home Visiting Programs (PAT & MECSH) work holistically with families. You may conduct screening, education and care coordination related to another child/family member and this is part of working with the family and supported by the model practices and fiscal reimbursement. This approach is aligned with the primary service provider approach of CIS as well by not adding additional service providers and is best practice.

### **Important Reminder:**

The parent/caregiver is always the primary decision-maker as to the CIS service they want for their family AND they need all the information as to what services are available, so they can make the best-informed decision. Sometimes a parent/caregiver may be unsure or unclear as to the CIS service they may need or want, so the person supporting them with the CIS referral process must be knowledgeable and able to communicate services and options.

## **BILLING IMPLICATIONS**

### **Guidance for providing CIS services that are included in the CIS Medicaid Bundled case rate AND are funded with the VDH Medicaid Case rate or MIECHV (for Sustained Home Visiting)**

Sometimes CIS families may need to participate in more than one CIS service at the same time. One of the benefits and strengths of the CIS system is that CIS providers can:

- ***Consult with their CIS colleagues*** – this means there are no additional CIS services added, and the CIS primary service provider is consulting with one or more of her CIS colleagues from another CIS service.

- **Transition families to another CIS service (warm hand-off)** – this means one CIS service is ending and the family is transitioning to and beginning another CIS service. If either CIS service includes a SFVT Sustained Home Visiting program, please refer to the Billing Decision Tree.
- **Add an additional CIS service (warm hand-in)** – this means that at least one or more additional CIS services is being added where there continues to be a CIS service open to the family. If any of the CIS services includes a SFVT Sustained Home Visiting program, please refer to the Billing Decision Tree.

**In the instance of adding another CIS service**, if a family is enrolled in either the Sustained Nurse or Sustained Family Support programs, they can also receive these CIS services: Early Intervention (EI), Specialized Child Care (SCC), or Early Childhood and Family Mental Health (ECFMH). These are NOT duplicative services and can be funded simultaneously with both the CIS bundled case rate and the VDH Home Visiting case rate.

*When both Sustained Home Visiting (SHV) and Responsive Home Visiting (RHV) services are being considered for the same family at the same time, see below to ensure that duplicative CIS services are not being provided or billed for:*

**Allowable:** If it is determined that a CIS family would benefit from both sustained and responsive home visiting, it can only be offered if the service is NOT of the same discipline of home visitor. I.e., Yes, it can be a responsive nurse and sustained family support service, or yes, it can be a responsive family support and sustained nurse home visiting service. Yes, both case rates can be billed.

**Not allowable:** The same discipline cannot be utilized and billed for both responsive and sustained. I.e., No, it cannot be both a responsive nurse and sustained nurse home visiting service, or no, it cannot be both a responsive family support and sustained family support home visiting service. No, only one case rate can be billed

#### **Definitions:**

**MECSH Nurse Home Visitors:** Trained and approved to provide the sustained nurse home visiting model of MECSH to fidelity **and** are funded/contracted through VDH (MIECHV and/or Medicaid).

**PAT Family Support Home Visitors:** Trained and approved to provide the sustained family support home visiting model of PAT to fidelity **and** are funded/contracted through VDH (Medicaid case rate).

**SFVT Sustained Home Visiting:** One of the four core CIS services and represents the continuum which includes sustained and responsive nurse and family support home visiting.

**Sustained Nurse Home Visiting:** Vermont’s evidence-based nurse home visiting program utilizing the MECSH model.

**Sustained Family Support Home Visiting:** Vermont’s evidence-based family support home visiting program utilizing the PAT model.

**CIS Bundled Rate:** The bundled case rate paid to provide many CIS services (EI, ECFMH, Specialized Child Care, Responsive Nurse, and Family Support Home Visiting).

**VDH home visiting case rate:** the VDH Medicaid case rate for providing the CIS sustained family support home visiting model using PAT to fidelity.

**MIECHV-funded MECSH** – MECSH services that are funded with the Vermont federal MIECHV funds to deliver MECSH to fidelity as the SFVT sustained nurse home visiting program.

**PMPM Medicaid case rate** - This means Per Member Per Month, which is a term that is often used to describe Medicaid payments that are available by billing just once per identified recipient/client person per month to cover reimbursement for all services delivered to that person/family in that month.

**Associated Guidance Documents:**

SFVT Sustained HV Referral Flow Chart

VDH SHV Billing Flow Decision Tree