



June 12, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Brooks-LaSure:

We are writing on behalf of the National Home Visiting Coalition, a diverse group of organizations committed to the well-being of children that works to promote continued federal support for and expansion of home visiting services. These services improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. We are reaching out regarding the policy barriers that prevent more widespread use of Medicaid funding to support home visiting services to pregnant people and families with young children in order to improve health outcomes, narrow health disparities, and ultimately reduce Medicaid costs through preventative services.

As you know, the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is administered by the Health Resources and Services Administration (HRSA), with the partnership of the Administration of Children and Families. MIECHV grants to states, territories, and Tribal entities support implementation of voluntary, evidence-based home visiting services to pregnant people and families with children under the age of five. MIECHV has been critical to states' efforts to scale-up home visiting services, however, those funds serve a limited pool of families. To expand access and support sustainability, states must leverage additional federal, state, and private funds.

Many home visiting component services are reimbursable by Medicaid, the largest payer of maternal-infant and early childhood health care services. By covering these services, states can improve outcomes for mothers, babies, and young children experiencing risks to their health and wellbeing, which in turn can yield greater overall savings to health and social services systems. This is especially critical today with the alarming rates of maternal and infant death and morbidity, particularly among communities of color, many of whom are enrolled in Medicaid.

After the MIECHV program was created in 2010, and in response to a call for guidance on how states could braid MIECHV and Medicaid funding, CMS and HRSA issued a joint bulletin in 2016. However, the guidance to braid the two funding sources has proven insufficient, and many states have remained hesitant to navigate the integration of MIECHV and Medicaid funds. Many states and programs have worked to provide a Medicaid reimbursement pathway option, but a lack of clear, detailed federal guidance has kept them from maximizing the use of that funding in conjunction with MIECHV.

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MIECHV was recently reauthorized in Public Law 117-328, which provides funding through Fiscal Year 2027, as well as the first expansion of the program in over a decade. As states look to utilize these additional resources and provide a comprehensive package of services for pregnant people and families with young children, we encourage CMS to work with HRSA to provide updated, more explicit guidance on how to best leverage multiple funding streams. We understand that states have the authority to determine if and when they want to dedicate Medicaid funding to support home visiting services. However, absent clearer guidance regarding what practices are permissible, states will continue to take a risk-averse stance. Continuation of current practices represents a significant missed opportunity to advance health equity and improve outcomes for children and their families.

We respectfully request that CMS work with HRSA to issue updated guidance on how states can use Medicaid reimbursement and braid multiple funding streams for home visiting. In particular, we request that the guidance:

- Is explicit that braiding of funding by states is permissible to finance home visiting services.
- Provides clear guidance on acceptable approaches to braiding multiple sources of funding for home visiting services.
- Provides examples of states that are using Medicaid resources to cover the costs of providing home visiting services to Medicaid-eligible children and families.
- Explain how different Medicaid authorities, including Medicaid managed care and other waiver opportunities, can be used in addition to braiding approaches.

As this Administration continues its whole-of-government approach to combatting maternal mortality and morbidity, as well as its work to support pregnant people and families with young children, we thank you for attention to this matter and look forward to partnering with you to ensure that more families have access to critical home visiting services.

Sincerely,

Association of Maternal & Child Health Programs

American Academy of Pediatrics

Child First

First 5 California

First Five Years Fund

First Focus Campaign for Children

Healthy Families America

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Home Instruction for Parents of Preschool Youngsters

Nurse-Family Partnership

Parents as Teachers

Prevent Child Abuse America

Start Early

ZERO TO THREE

CC:

Administrator Carole Johnson

Chairman Ron Wyden

Ranking Member Mike Crapo

Chairman Cathy McMorris Rodgers

Ranking Member Frank Pallone

Chairman Jason Smith

Ranking Member Richard Neal

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