

**Home Visiting Task Force  
Sustainability Workgroup Meeting  
May 27<sup>th</sup>, 2015**

**MINUTES**

**Attendees:** Dan Harris, Nancy Shier, Joanna Su, Liz Heneks (co-chair), Shauna Ejeh, Anna Potere, Gail Nourse, Sandy DeLeon

**March 23<sup>rd</sup> meeting minutes:** approved with no changes.

**Medicaid State Plan Amendment:**

- NASHP informed us that *42CFR441.18(c)*, which is in Ohio's State Plan Amendment, is boilerplate language and should not be interpreted broadly. The section reads as follows: (c) Case management does not include, and FFP is not available in expenditures for, services defined in §441.169 of this chapter when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: (1) Research gathering and completion of documentation required by the foster care program. (2) Assessing adoption placements. (3) Recruiting or interviewing potential foster care parents. (4) Serving legal papers. (5) Home investigations. (6) Providing transportation. (7) Administering foster care subsidies. (8) Making placement arrangements.
- Under Target Group:
  - At-risk definition: "At risk of poor health and developmental outcomes due to low parental educational attainment; teen parent hood; family history of child abuse and neglect, substance abuse, mental illness, or domestic violence; homelessness, unemployment; linguistic isolation; or poverty; who are ineligible for Part C of IDEA."
  - It is important to ensure that there is a common understanding at the funder and provider levels of what "validated assessment tools" means. The group will develop a list of tools as an addendum and ensure that it accounts for tools that may be developed in the future.
  - It was recommended to delete the last sentence in the Target Group section, and use the following boilerplate language to indicate that Medicaid will not be billed twice for families receiving case management through two programs: *42CFR441.18(a)(4)* "case management services provided in accordance with section 1915(g) of the Act will not duplicate payments made to public agencies or private entities under the State plan and other program authorities."
- Reimbursement Rates: ensure that there is flexibility built into the reimbursement rate and that there is a method for periodically assessing the rates. The group should formulate a recommendation to bring to HFS.
- Unit of Service:
  - According to NASHP, the billing unit must be defined, and a quarter hour (fifteen minutes) is very common, but it is not required.
  - In order to determine the maximum number of units, the group should consider what would be sufficient to achieve the purposes of home visiting. The number should be as high as is feasible based on research, and should include transportation.

**FY16 Work Plan**

- The work group reviewed the FY15 work plan and discussed revisions for FY16.
- Feedback:
  - In the first item, health departments and community based agencies should be listed in addition to school districts. For this item, the group should begin by convening representatives from school districts and should work with ISBE to identify the most appropriate representatives.
  - The third and fifth items have been completed.

- The ninth item should be removed as it is in progress through another work group of the Home Visiting Task Force.
- “TANF” should be removed from the eighth item.

**Wrap Up and Next Steps**

- The next meeting is July 13<sup>th</sup>, 2015.