



Maternal, Infant and Early Childhood Home Visiting Program in the Affordable Care Act

March 2011

Supplemental Instruction Request-February 2011

Stephanie Schmit

The latest Evidence-Based Home Visiting [Supplemental Information Request](#) (SIR) has recently been released by the Department of Health and Human Services (HHS) with collaboration from the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) as outlined in the first [Funding Opportunity Announcement \(FOA\)](#). This information request provides states guidance in preparing their updated plans for their home visiting programs. States must complete these plans to receive federal funds for home visiting programs. The new information request strengthens the [earlier guidance](#) in important ways.

The SIR addresses the requirements for updated state plans, the steps necessary for completing the requirements, and how HHS will review plans. It includes information explaining the criteria HHS uses to determine evidence-based models, the models initially found to meet the criteria, and details about using “promising approaches” in addition to evidence-based models. The SIR also addresses program implementation and requires states to update their plans to focus on quality. The implementation components necessary include (but are not limited to):

- how the state will develop standards regarding home visiting;
- a plan for recruiting and training qualified staff;
- a plan for ensuring fidelity to the chosen model; and
- a plan for recruiting and retaining program participants.

Seven models were initially determined to meet the criteria used to demonstrate whether programs were evidence-based. The determining criteria are outlined on the newly launched [Home Visiting Evidence of Effectiveness \(HomVEE\) website](#). The SIR establishes a process for states to request that HHS reconsider a model that previously did not meet the evidence-based criteria or consider a model that has not yet been evaluated. HHS will decide on the request within 45 days from the date of receipt of submission. States are also able to adapt the evidence-based models to meet community needs. A program developer initially determines whether an adaptation alters a core component of an evidence-based model. If the developer determines the modification does not alter a core component, HHS must agree. If a state alters or adapts an evidence-based model but does not alter a core component, HHS still considers the model evidence-based and states can use any of their allotment to fund it.

In addition to using evidence-based models, the SIR offers guidance on how states can use up to 25 percent of funding permitted in the law for promising approaches. There are three situations under which a state would need to use its funds for a “promising approach,” including an approach that currently has little or no evidence, an approach that does not yet meet the evidence-based criteria, or an adaptation of an evidence-based model that alters one or more of its core components. To be eligible for the 25 percent of funds allowed for “promising

approaches,” the approach must have been developed by or identified with a national organization or an institution of higher education, must propose a theory of change, and must be rooted in empirical work. If a state chooses to include promising approaches in its plan, it must evaluate the new program using a “well-designed and rigorous” approach and the cost of the evaluation must come out of the 25 percent allocated for promising approaches.

The SIR encourages states to choose models that best address the needs of the communities they serve and recognizes that different communities likely have differing needs. The flexibility to select multiple evidence-based models and adapt them to meet the unique needs of a particular community coupled with the ability to supplement evidence-based models with promising approaches will help states develop comprehensive approaches to meet the needs of all the communities they serve.

The new guidance also addresses coordination requirements. Specifically, the SIR calls for coordination on the state and local levels, stating, “HRSA and the Administration for Children and Families (ACF) believe that home visiting should be viewed as one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early-childhood health, safety, and development, as well as strong parent-child relationships.” Each state must develop an operational plan for coordinating agencies and organizations that provide services or are involved with management or policy making regarding these topics on the state and local levels. This includes, but is not limited to, coordination between the proposed home visiting program(s) and other existing programs and resources in those communities including health, mental health, early childhood, substance abuse, domestic violence prevention, child welfare, education, food, and Medicaid programs, as well as other social service agencies. This is a critical component and a requirement of the updated state plans.

This SIR does not address how funds will be distributed in future years, but previous guidance and the transmittal for this most recent SIR state that funding above the FY 2010 allotments will become competitive in FY 2011. How the competitive process for funding will be implemented is unknown. As CLASP noted in its [comments](#) in response to the proposed criteria for evidence of effectiveness, awarding funds on a competitive basis so soon raises some important concerns. Ideally, the competitive process would be based on state outcomes, but such outcomes cannot possibly be known for FY 2011 funding determinations. In the absence of an ability to judge outcomes, it makes sense to award funds based on how well states are implementing the programs. But even that approach may be too late for the awarding of FY 2011 funds given that states are currently still updating applications to draw down the remaining FY 2010 funding.

The flexibility that the SIR provides for states to combine a variety of home visiting models that will best fit their communities, coupled with requirements that they further flesh out their plans for coordinating with other programs, providers and systems, increase the likelihood that states will use the new home visiting program to strengthen their capacity to provide coordinated early childhood systems that are capable of meeting the needs of the children, families and caregivers. CLASP is pleased that the guidance gives states the tools and encouragement to use home visiting as a lever to change our approach to addressing the challenges facing young children and those who care for them.