



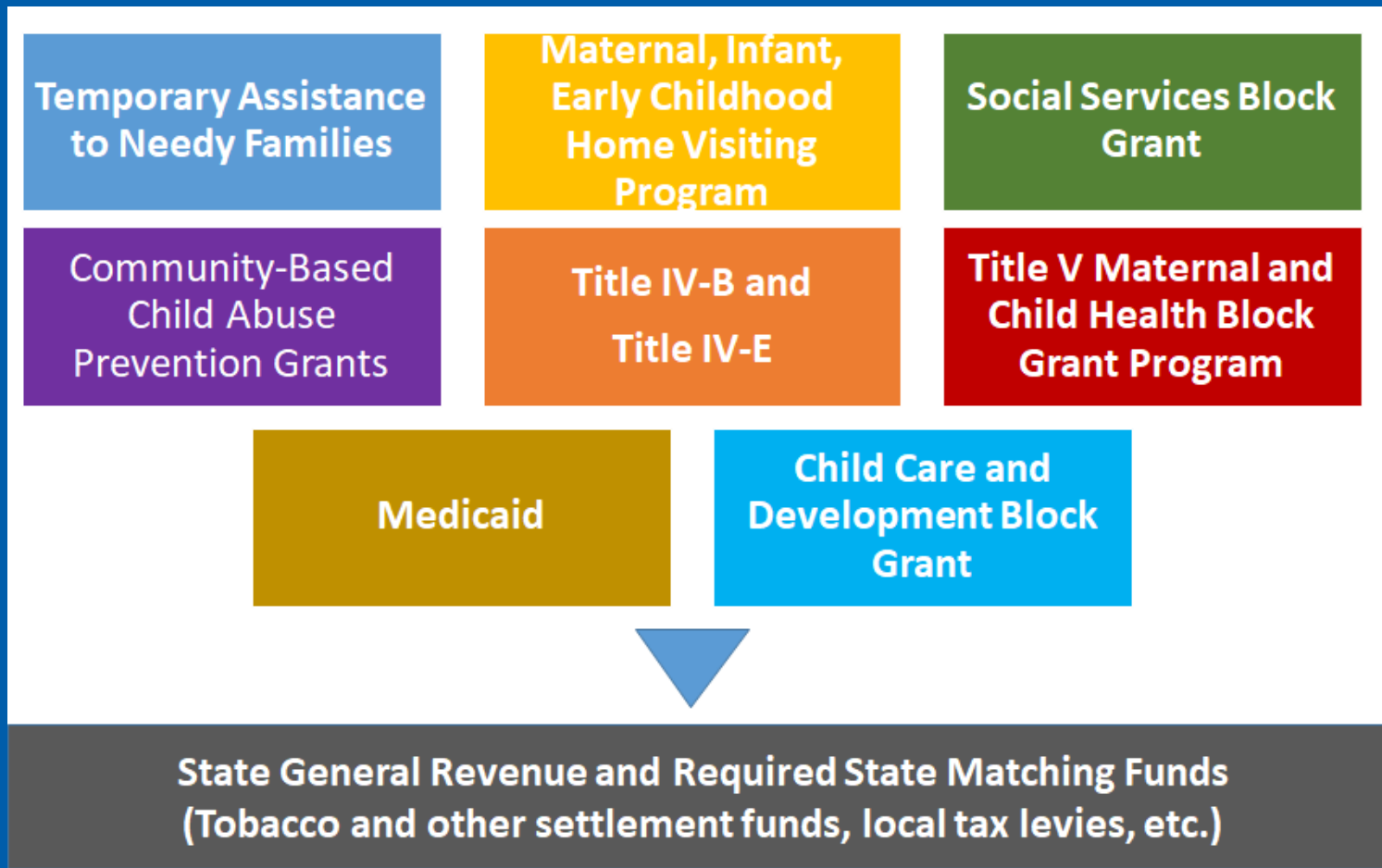
Supporting Home Visiting: A Guide to State and Federal Funding



Healthy Families America[®] (HFA) is fortunate to be supported by a variety of federal, state, local and private funding sources. These dollars have supported a range of program and system-level activities that have led to a broad array of positive outcomes for children and families in such areas as health care, self-sufficiency, family strengthening and prevention of child maltreatment.

State funding constitutes the largest source of dollars for HFA programs. Many state funding sources draw down federal funds that can then be disbursed through state agencies. Within these pages are descriptions of state and federal options that support the sustainability of home visiting programs as well as links to information on how each program works in your own state.

Funding Streams to Support Home Visiting



Temporary Assistance to Needy Families

The Temporary Assistance for Needy Families (TANF) is a federally-funded program that provides grant funds to states, tribes, and territories for a wide range of services that address economic disadvantage and child poverty. At the federal level, TANF is administered by the Department of Health and Human Services (HHS). However, benefits and services are provided by states, territories, and tribes, which have broad flexibility in how to administer and design their programs. Each state and territory decides the benefits it will provide. Each state and territory also establishes the specific eligibility criteria that must be met to receive financial assistance payments or other types of benefits and services.

The four purposes of the TANF program are to:

1. provide assistance to needy families so that children can be cared for in their own homes;
2. reduce the dependency of needy parents by promoting job preparation, work and marriage;
3. prevent and reduce the incidence of out-of-wedlock pregnancies; and,
4. encourage the formation and maintenance of two-parent families.

TANF provides a basic block grant of \$16.5 billion. It also requires states to contribute at least \$10.4 billion from their own funds for benefits and services to needy families with children. In addition to state block grants, TANF includes competitive grants to fund healthy marriage and responsible fatherhood initiatives.

There are some strings attached to states' use of TANF funds. Families must be financially needy and have a minor child to qualify for assistance; states determine the exact financial eligibility rules and benefit amounts. States must also meet the TANF work participation standard and there is a time limit on recipients of 60 months. States are required to submit state plans every three years as a condition of receiving funds. The bulk of these plans is an "outline" of the program the state "intends" to operate.

TANF State Officials & Program Contacts can be found [here](#).





Social Services Block Grant

The Social Services Block Grant (SSBG) is a flexible funding source that allows states and territories to tailor social service programming to their population's needs. States have broad discretion in the specific services they support with SSBG funds and may tailor these funds over time to changes in the needs of their populations. In FY2020, SSBG allocations to States and Territories totaled more than \$1.5 billion. States use the SSBG to provide essential services that help achieve myriad goals including reducing dependency and promoting self-sufficiency and protecting children from neglect and abuse.

SSBG funds are awarded directly to states who are fully responsible, within the limitations of the law, for determining the use of their funds. Each state has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among various services within the State. States and/or local agencies (i.e., county, city, regional offices) may provide services directly or purchase them from qualified service providers. Each year, states are required to submit an Intended Use Plan as prerequisite to receiving SSBG funds. These submissions outline the planned use of SSBG funds for the provision of services in each state.

While states usually transfer \$1 billion a year in TANF funds, bringing combined funding to over \$2.8 billion, a detailed analysis of SSBG funds examining just the \$1.7 billion demonstrates significant dollars are spent on children in child protection and child welfare (\$500 million), disabled populations (nearly \$300 million), domestic violence victims (\$170 million), the elderly (\$100 million), and other needy adults seeking counseling, case management, treatment and other services.

If you are a service provider looking for more information about SSBG funding, please contact your state's social or human service agency that oversees the service [here](#).

The SSBG Publications and Reports page can be found [here](#) and a SSBG Fact Sheet can be found [here](#).

Maternal, Infant, and Early Childhood Home Visiting Program

The single largest source of *federal* funding dedicated to home visiting is the Maternal, Infant and Early Childhood Home Visiting program (MIECHV). The MIECHV program is a federal-state partnership that provides evidence-based home visiting services in all 50 states, the District of Columbia, and five US Territories. MIECHV is the cornerstone of evidence-based public policy and has widespread bipartisan support. The program builds upon decades of scientific research that show a positive return on investment to society and taxpayers through improved health, education, and employment outcomes, while reducing mental health, special education and criminal justice costs, and dependence on welfare and involvement with child protective services.

In FY19, Health and Human Services (HHS) awarded \$350,589,622 in funding to 56 states and territories through its MIECHV Program. This program supports communities to provide voluntary, evidence-based home visiting services to women during pregnancy, and to parents with young children up to kindergarten entry. In some states, MIECHV is the most significant or only source of investment in home visiting. In others, home visiting has long been a priority with dedicated state and private funding sources.

MIECHV grantees – the 50 states, tribes, territories, and non-profit implementing agencies - receive a formula-based grant every year, and can apply for additional competitive grant funds to scale innovative efforts. MIECHV funds must support home visiting models that serve either high-risk communities or specific target populations, such high poverty communities or under-served rural populations. Currently, total federal funding for the MIECHV program is \$400 million dollars annually.

MIECHV Awards FY19 by state can be found [here](#) and MIECHV State FactSheets can be found [here](#).





Community-Based Child Abuse Prevention Grants

In 1974, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) into law. CAPTA is the *only* federal legislation exclusively dedicated to the continuum of child maltreatment services and supports. This includes preventing, assessing, identifying, and treating child abuse and neglect.

CAPTA includes Community-Based Child Abuse Prevention (CBCAP) grants which provide federal funding to states to support their efforts to develop, operate, and expand a network of community-based, prevention-focused family resource and support programs that coordinate resources among a range of existing public and private organizations. These grants are designed to meet the specific needs of individual communities and carried out by public-private partnerships that use federal funding to leverage greater state and local public and private funds. The flexibility in CBCAP provides options for communities to implement evidence-based approaches that demonstrate significant promise. CBCAP awardees can tailor programs to serve the needs of communities while evaluating programs, measuring outcomes, meeting fidelity, and adhering to implementation science principles to achieve positive child and family outcomes.

In FY 2020, CAPTA funding totaled \$181 million, including \$90 million for state grants (Title I) and \$56 million for CBCAP (Title II), as well as \$35 million for research and technical assistance. Seventy percent of the funding is distributed to states based on the child population, and the remaining 30% is distributed based on the amount of private, state or other non-Federal funds leveraged from the preceding fiscal year.

CBCAP State Contacts can be found [here](#).



Title IV-B (Social Security Act)

States may use funding provided under Title IV-B of the Social Security Act to protect and promote the well-being of children and youth who are at risk of, or have been found to be victims of, maltreatment. Title IV-B includes two components, referred to as subparts 1 and 2.

Subpart 1 is a grant program composed primarily of the [Stephanie Tubbs Jones Child Welfare Services](#) program which provides grants to States and tribes for programs and preventive interventions so that, if possible, children will not have to be removed from their homes. Each state receives a base amount of \$70,000. Additional funds are distributed in proportion to the state's population of children under age 21 multiplied by the complement of the state's average per capita income. Funding was approximately \$282,000,000 in FY2018.

Subpart 2, the [Promoting Safe and Stable Families](#) program primarily funds family support, family preservation, time-limited reunification, and adoption-promotion and support activities. Allocations to States range from almost \$33 million (California) to just over \$243,500 (Wyoming). Almost 140 Tribes received funds in FY 2019. Generally, for both subparts, states must provide a 25% match, with 75% of program costs (i.e., states must provide \$1 in non-federal IV-B funding for every \$3 in federal IV-B funding they receive).

These funds are a small but integral part of State social service systems for children and families who need assistance in order to keep their families together. These funds, often combined with State and local government as well as private funds, support unique and innovative programs and services that local communities rely on for at risk families, including home visiting services.

Title IV-E (Family First Prevention Services Act)

The Family First Prevention Service Act (Family First) of 2018 includes reforms to help keep children safe with their families and avoid entry into foster care. This is a historic law that, for the first time, provides flexibility for child welfare programming by allowing states, territories, and tribes the option of using federal [Title IV-E](#) funds within the Social Security Act before children enter the foster care system by utilizing important services such as mental health, substance use, counseling, and other in-home parent skill-based programs. In addition, states have the option to use this federal funding for evidence-based home visiting programs such as HFA.

States may utilize Family First as a lever to expand the reach of home visiting to vulnerable populations in need of support. These funds can be utilized for prevention programs, such as evidence-based home visiting, offering an opportunity for states to provide increased services to families and prevent foster care placements. States have the option to use this federal funding for evidence-based home visiting programs such as HFA – one of the few programs identified as well-supported by the Family First Prevention Clearinghouse.

Resources:

- [FamilyFirstAct.org](#)
- [FFPSA and HFA's CAN Outcomes](#)
- [Family First Transition Act](#)



Title V Maternal and Child Health Block Grant Program

The Maternal and Child Health Block Grant Program aims to improve the health and well-being of women, particularly mothers, and children. State maternal and child health agencies submit a yearly application and annual report, and also complete a statewide, comprehensive needs assessment every five years. The funds are then used to design and implement a wide range of activities that address state and national needs. State maternal and child health agencies, which are usually located within a state health department, submit a yearly [application/annual report](#).

Each year, Congress sets aside funding for the Maternal and Child Health Block Grant. Individual state portions are then determined by a formula, which considers the proportion of low-income children in a particular state compared to the total number of low-income children in the entire U.S. States and jurisdictions must match every four dollars of federal Title V money that they receive by at least three dollars of state and/or local money (i.e., non-federal dollars.). Typically, more than \$5 billion is available each year for maternal and child health programs at the state and local levels.

State Snapshots and State Leads can be found [here](#).

Medicaid

Medicaid is a joint federal-state program that provides health coverage to groups of low-income adults, children, women who are pregnant, and certain individuals with disabilities. As the primary health care program for low-income pregnant women and children, states seek Medicaid funding for their home visiting programs because these programs successfully promote positive health and wellbeing outcomes among these vulnerable populations.

Medicaid offers a significant opportunity for increased funding. A number of states already finance part of their home visiting programs using Medicaid, but it remains a greatly underused option. While states have been able to support home visiting using Medicaid funding, Medicaid coverage and payment rates fail to cover the full cost of services, and administrative challenges inhibit broader access.

Other challenges include:

- Integrating payment for home visiting services into managed care financing;
- Obtaining buy-in from key stakeholders such as agency administrators, lawmakers, and service providers; and
- Improving the accuracy of reimbursement rates by providing training and technical assistance to home visitors.

Although home visiting is not a covered benefit under Medicaid, various component services of home visiting models are Medicaid-covered services. For example, programs that incorporate case management services, or refer patients to Medicaid for enrollment may be able to receive Medicaid reimbursement for these activities. Many states that use Medicaid to support home visiting models have done so by including discrete Medicaid-covered services in their state plans.

In early 2016, the Center for Medicare and Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA) issued

a guidance that identified the various funding sources that states can use to cover the costs of services provided as part of a home visiting program. Targeted case management services are the most commonly billed service by home visiting programs. Services that are covered by Medicaid vary by state, especially the optional benefits that states select for inclusion in their state plan.

State plans vary in defining who may provide services eligible for Medicaid payment. If a state wishes to seek Medicaid payment for services provided by these individuals, states must make sure that the requirements listed in its state plan are consistent with the background and experience of the home visitors. Frequently, home visiting programs utilize non-medical professionals or paraprofessionals as home visitors. Without inclusive criteria, many home visiting models that employ social workers or other certified professionals to conduct home visits rather than nurses or medically trained staff may be disqualified from being Medicaid providers.

States have a great deal of flexibility to define the requirements to be a Medicaid-eligible provider. The Medicaid provider may, in turn, employ or subcontract other entities or individuals who provide the actual hands-on care to the Medicaid patient. However, the process for amending state plans and state licensure criteria depends on individual states, so it might be difficult to modify or change these requirements.

Resources:

- [HRSA guidance on using Medicaid for Home Visiting](#)
- [Medicaid Funding of Home Visiting Services for Women, Children, and Families](#)
- [Medicaid Regional Contacts](#)
- [State Medicaid Profiles](#)
- [Medicaid and Home Visiting: The State of the State's Approach](#)

Medicaid Waivers

A number of states cover and pay for home visiting services by using waivers and demonstration projects. Waivers allow states to adopt Medicaid policies that differ from the usual federal Medicaid requirements. States applying for waivers must show that their proposal is cost effective or budget neutral, and waivers are generally approved for limited periods of time.

There are three general categories of Medicaid waivers and demonstrations: Section 1915(b) waivers, Section 1915(c) waivers, and Section 1115 demonstration projects. States have used waivers to support home visiting services in a variety of ways; waivers allow states to access funding to establish new home visiting programs, expand home visiting services to additional or targeted populations, to pay for home visiting services, and to weave together private and public funding sources to expand the reach of existing programs.

While waivers represent an opportunity for states to create more flexibility within their Medicaid programs to direct funding towards services like home visiting, the process for designing and approving a waiver requires time and effort. To be successful in securing a waiver to fund home visiting programs, states need a champion for this effort, or someone who is invested in seeing the process through and understands home visiting as a priority for the state. Moreover, Medicaid agencies face competing demands, and efforts to develop a waiver for home visiting services may not be a state priority.

Guidance on using Medicaid Waiver Demonstrations can be found [here](#) and Information on Application process can be found [here](#).



Child Care and Development Block Grant

Child care is a necessity for low-income and working parents, yet the cost of quality care often places it out of reach for many families. Recognizing that quality child care can make a powerful difference in children's development and families' well-being, the Child Care and Development Block Grant (CCDBG) Act provides federal funding to states for child care subsidies for low-income families with children under age 13, as well as flexibility to pair state and federal funds to improve the quality of child care available to families within existing state and local systems.

CCDBG funding, which for FY 20 was funded at \$5.826 billion, has two funding streams:

- Discretionary funding: reauthorized by the CCDBG Act through 2020 by the CCDBG Act of 2014 (P.L. 113-186). There are no state maintenance-of-effort (MOE) or matching requirements.
- Mandatory funding: authorized by Section 418 of the Social Security Act, this is generally appropriated directly by authorizing statute, meaning that these funds are not typically part of the annual appropriations process. States must meet MOE and matching requirements to receive their full allotments

At the federal level, these child care funding streams are jointly administered by the Department of Health and Human Services (HHS), and are commonly referred to as the Child Care and Development Fund (CCDF). The funds are allocated to states according to separate formulas, and are used to subsidize the child care expenses of low

income working families with children under age 13 (or older under certain circumstances). The federal law is very broad and gives states significant latitude regarding how federal and state child care funds are spent and how to implement policies. States have the flexibility to set program eligibility, co-pays, reimbursement rates, as well as design initiatives to improve quality. In addition, state agencies set program requirements and enforcement policies based on authority granted to them by state legislatures that are set in state statute.

The reauthorization law has provisions designed to ensure the safety of children in care by requiring comprehensive criminal background checks and on-site inspections for all providers, including those who are license-exempt. The law also includes provisions to protect children's health and safety by requiring annual inspections of child care providers. States must conduct a pre-licensure inspection and an unannounced annual inspection for all regulated and licensed providers receiving CCDBG funds, and one annual inspection for license-exempt providers receiving CCDBG funds. Moreover, states must establish health and safety standards in a number of specific areas and mandate pre-service or orientation and ongoing training for child care providers serving children receiving CCDBG assistance.

Resources:

- Office of Child Care State Regional Program Managers can be found [here](#)
- Office of Child Care Key Resources can be found [here](#)





Other Sources

In a number of states, like California, tobacco tax revenue or settlement funds support home visiting. States also rely on philanthropic support to implement and expand home visiting services. For example, Washington's Department of Early Learning works with Thrive Washington – a non-profit – to administer the Home Visiting Services Account, which funds home visiting programs by leveraging private funding to match state dollars.

Some states also allocate some of their resources from other federal programs, such as the Early Intervention Partnership Program, to help support home visiting programs. However, funding from other federal programs is often relatively low and disparate across the country.

For more information on other funding streams for home visiting services, get in touch with [Healthy Families America](#).

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About Us

[Healthy Families America](#)® (HFA), the signature program from Prevent Child Abuse America®, is a home visiting program that focuses on enhancing child well-being, health and development.

HFA is a national, voluntary program that supports families by providing intensive in-home services, equipping parents with the tools and resources needed to create strong, lifelong relationships with their children. Stimulating early learning environments and nurturing relationships can have profound effects on children's physical, social-emotional, and cognitive development. HFA does not just benefit the families served, but also the communities these families live in.

Rigorous [studies](#) have shown HFA leads to reduced pregnancy complications by 70%, reduced rates of low birth weight by 48%, and lower parenting stress for mothers. For nearly 30 years, HFA has worked toward a vision that all children receive nurturing care from their family that leads to a healthy, long, and successful life.

HFA is currently operating in 44 states and territories with more than 3,200 staff serving 585 affiliate sites. Since its inception in 1992, more than 8 million home visits have taken place.





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