

**Letter of Direction #1-1**

**Date:** November 10, 2020

**To:** Centennial Care 2.0 Managed Care Organizations

**From:** Nicole Comeaux, Director, Medical Assistance Division 

**Subject:** The Centennial Home Visiting Program Repeal and Replace LOD #1

**Title:** Guidance for CHV Program Implementation, Statewide

The purpose of this letter of direction is to provide the Centennial Care Managed Care Organization (CC MCOs) with additional information in:

- Expanding and operating the Centennial Home Visiting (CHV) Program at statewide locations at HSD's discretion dependent upon provider capacity and available budget, effective February 7, 2020;
- Transferring of the home visiting collaborative agency from the New Mexico Children, Youth and Families Department (CYFD) Early Childhood Services Division to the New Mexico Early Childhood Education and Care Department (ECECD);
- Addition of knowledge and skills in working with the NM Tribes, Pueblos or Nations as one of the preferred skills for home visitors;
- Addition of approved ICD diagnosis codes to be used with the approved procedure codes and modifiers when billing on the professional claim type to identify the services rendered; and
- Allowing for services to be billed under each child's Medicaid ID number during infant home visit when services are provided to children who are products of multiple births of enrolled pregnant members.

This LOD will replace the previous LOD#1 issued on December 31, 2018 and will sunset with the next iteration of the CHV LOD.

In collaboration with the New Mexico Children, Youth and Families Department (CYFD) Early Childhood Services Division which is now the New Mexico Early Childhood Education and Care Department (ECECD), HSD is expanding an evidence-based home visiting program for eligible pregnant women that focuses on pre-natal care, post-partum care and early childhood development. The services as described in Table 1 below will be delivered to eligible pregnant women statewide. As approved by the Centers for Medicare and Medicaid Services (CMS), the Centennial Care MCOs will contract with ECECD designated agencies that provide either one or both of the following two evidence-based early childhood home visiting delivery models as defined by the US Department of Health and Human Services (DHHS):

1. **Nurse Family Partnership (NFP):** The services to be delivered under the NFP national program standards are for first-time parents only. The number of families served will be determined based on the number of active NFP teams in any program year. In addition to the existing program in Bernalillo County, HSD may expand this program to other counties at HSD's discretion dependent upon provider capacity and available budget. The NFP services will be suspended once the child reaches two years of age.
  
2. **Parents as Teachers (PAT):** The PAT evidence-based program services will adhere to the national model and curriculum. Services will begin during pregnancy and may continue until the child reaches five years of age or kindergarten entry. In addition to the existing programs in four counties, HSD may expand this program to other counties at HSD's discretion dependent upon provider capacity and available budget. The number of families served in each county will be determined based on the number of active PAT teams in the program year.

**Table 1: Description of Services**

<b>Service</b>	<b>Description of Service</b>
<b>Prenatal Home Visits</b>	<p>The CHV Program will provide the following prenatal home visit services to expectant mothers during their pregnancy:</p> <ul style="list-style-type: none"> <li>• Monitoring for high blood pressure or other complications of pregnancy (NFP only);</li> <li>• Diet and nutritional education;</li> <li>• Stress management;</li> <li>• Sexually Transmitted Diseases (STD) prevention education;</li> <li>• Tobacco use screening and cessation education;</li> <li>• Alcohol use and other substance misuse screening and counseling;</li> <li>• Depression screening; and</li> <li>• Domestic and intimate partner violence screening and education.</li> </ul>
<b>Postpartum Home Visits</b>	<p>The CHV Program will provide the following postpartum home visit services to Medicaid eligible mothers during their sixty (60) days of the postpartum period:</p> <ul style="list-style-type: none"> <li>• Diet and nutritional education;</li> <li>• Stress management;</li> <li>• STD prevention education;</li> <li>• Tobacco use screening and cessation education;</li> <li>• Alcohol use and other substance misuse screening and counseling;</li> <li>• Depression screening;</li> <li>• Domestic and intimate partner violence screening and education;</li> <li>• Breastfeeding support and education (NFP nurses may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service);</li> <li>• Guidance and education with regard to well woman visits to obtain recommended preventive services;</li> <li>• Nursing assessment of the postpartum mother and infant (NFP only);</li> <li>• Maternal-infant safety assessment and education e.g., safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention;</li> <li>• Counseling regarding postpartum recovery, family planning, newborn needs;</li> <li>• Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/ infant has a postpartum/newborn visit scheduled); and</li> <li>• Parenting skills and confidence building.</li> </ul>

Service	Description of Service
<b>Infant Home Visits</b>	<p>The CHV Program will provide the following home visit services to newborn infants born to CHV Program beneficiaries until the child reaches two (2) years of age for NFP and five (5) years of age or kindergarten entry for PAT:</p> <ul style="list-style-type: none"> <li>• Breastfeeding support and education (NFP may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service);</li> <li>• Child developmental screening at major developmental milestones from birth to age two (2) for NFP, according to model standard practice and age five (5)/kindergarten entry for PAT; and</li> <li>• Parenting skills and confidence building.</li> </ul>

Working with the ECECD and its existing early childhood home visiting infrastructure and network of providers statewide, the MCOs shall:

- 1) Timely execute contracts with the perspective agencies referred by ECECD.
- 2) Provide oversight to assure that agencies deliver home visiting services with fidelity as defined by the NFP and PAT curriculum foundational organizations as well as meeting the ECECD Program Standards. This includes ensuring provider qualifications as described in Table 2.
- 3) Assure that home visitors receive support from the MCO Care Coordinator who is assigned as the family's single point of contact for any family members assessed to need care coordination level 2 or 3 and enrolled in this program.
- 4) Send relevant staff and representative to participate with the CHV Program workgroup. The workgroup will work collaboratively on various implementation, operational and reporting issues, including the MCO CHV Program reporting template.
- 5) Submit CHV Program reports per HSD's instruction, including the required monthly MCO CHV referral reports.
- 6) Collaborate and share data with ECECD or its designee in order to evaluate the program effectiveness and meet the annual outcomes reporting requirements as stated in the NM Stat § 32A-23B-3 (2017) Home Visiting Accountability Act.

**Table 2: Provider Qualifications**

<i>Home Visitor Provider Qualifications</i>				
<b>Home Visitors</b>	<b>Education (typical)</b>	<b>Experience (typical)</b>	<b>Skills (preferred)</b>	<b>Training</b>
<p><b>NFP Nurse Home Visitors</b> –Hired by approved NFP implementing agency</p>	<p>Registered nurse (RN) with Baccalaureate degree in nursing; may have additional degrees beyond BSN such as MSN or other related/advanced practitioner designations e.g., nurse practitioner, nurse midwife, current licensure.</p>	<p>At least 5 years’ experience in public health nursing, maternal and child health, behavioral health nursing, pediatrics, or other fields. May have American Heart Association Healthcare Provider Cardiopulmonary Resuscitation (CPR) and valid Automated External Defibrillator (AED) certification. A Master’s Degree in nursing or public health may be substituted for one year of the required experience.</p>	<p>Technical skills: Providing care mgmt. and care coordination to high-risk pops; understanding and applying federal, state, local, and grant program regulations and policies in a public health environment; leadership skills, interpersonal and relationship building; communication and quality improvement analysis skills; and knowledge/skills in working with the NM Tribes/Pueblos/Nations.</p>	<p>Comprehensive training and preparation as required by NFP model.</p>
<p><b>NFP Nurse Home Visitor Supervisor</b> – Hired by approved NFP implementing agency</p>	<p>RN with Baccalaureate degree in nursing. Preferred that nurse supervisors have additional degrees beyond BSN such as MSN or other related/advanced practitioner designations e.g., nurse practitioner, nurse midwife.</p>	<p>At least 5 years’ experience in public health nursing, maternal and child health, behavioral health nursing, pediatrics, or other fields. May have American Heart Association Healthcare Provider CPR and valid AED certification. A Master’s Degree in nursing or public health may be substituted for one year of the required experience.</p>	<p>Nurses must receive reflective supervision weekly to meet requirements of the evidence-based program. This nurse supervision is part of the direct services provided. Nurse supervisors may conduct home visits as required to support nurses and/or beneficiaries level of care needs. For example, if a child or caregiver is ill for a month, a Nurse Home Visitor Supervisor may visit the home to re-assess the caregiver and child and offer an appropriate level of care.</p>	<p>Comprehensive training and preparation as required by NFP model.</p>
<p><b>PAT Home Visitors</b> – Hired by approved PAT implementing agency</p>	<p>High School Diploma or GED</p>	<p>At least 2-years of experience working with children/families in a related activity</p>	<p>Certification in Family and Infant Studies; Bilingual Spanish and English; and knowledge/skills in working with NM Tribes/Pueblos/Nations.</p>	<p>Comprehensive training and preparation as required by PAT model.</p>
<p><b>PAT Clinical Manager</b> – Hired by approved PAT implementing agency</p>	<p>Licensed Master Social Worker or equivalent</p>	<p>A Master’s degree in a relevant discipline, 1-3 years in related program oversight experience.</p>	<p>Bilingual Spanish and English</p>	<p>Comprehensive training and preparation as required by PAT model</p>

**PROVIDER ENROLLMENT:**

All home visiting providers, both NFP and PAT, will enroll as a **Provider Type 317** which has been renamed to “**Nurse Agency, Home Visiting, EPSDT Personal Care,**” with a **Specialty 202 Home Visiting Agency**.

At this time, claims may come in without a rendering provider identified. However, HSD anticipates that in the future CMS may require rendering providers to be present on these claims. To that end, we are adding specialty codes for the rendering providers who could also enroll as PT 317 (if not already enrolled) with these specialties, as appropriate:

Add new specialty 203 Home Visitor Nurse [for future use]

Add new specialty 204 Home Visitor non-clinician [for future use]

**PROCEDURE CODES:**

The provider type 317 will bill on the professional claim type using the approved procedure codes and modifiers as well as ICD diagnosis codes listed below to identify the services rendered. Three different procedure codes will be used to distinguish between the three service types. For each of the procedure codes, modifiers will be used to indicate whether the visit is performed by a nurse under the NFP model or by a non-nurse home visitor under the PAT model. The current reimbursement rate for each code is listed after each code.

**Prenatal Home Visit**

H1005 Prenatal care, at-risk enhanced service package (include management, coordination, education, follow-up home visit)			
H1005 U1	Nurse Home Visitors (NFP)		\$314.94
H1005 U2	Non-Nurse Home Visitors (PAT)		\$244.02

ICD Code Z34.9: Encounter for supervision of normal pregnancy, without the fifth digit to signify the pregnancy trimester

**Postpartum Home Visit** to be billed on a parent’s claim:

S5111 Home Care Training, Family per session			
S5111 U1	Nurse Home Visitors (NFP)		\$314.94
S5111 U2	Non-Nurse Home Visitors (PAT)		\$244.02

ICD Code:

Z39.2 Encounter for routine postpartum follow-up (NFP)

Z32.3 Encounter for childcare instruction (PAT)

**Infant Home Visit** to be billed on an infant/child's claim:

S9445	Patient Education, non-physician provider, individual, per session		
S9445 U1	Nurse Home Visitors (NFP)	\$314.94	
S9445 U2	Non-Nurse Home Visitors (PAT)	\$244.02	

ICD Code Z76.2: Encounter for healthy supervision and care of other healthy infant and child

**SERVICE LIMITATIONS AND UTILIZATION CONTROL:**

- The agency cannot bill for both mother and child for a single visit.
- A family will either be enrolled on NFP or PAT as both curricula have different eligibility (for example, NFP is for a first-time mother only, while PAT is not).
- When using S9445 billing code, if a single visit is to provide services to children who are products of multiple births of enrolled pregnant members, services can be billed under each child's Medicaid ID number.

Utilization Control will be accomplished by having three utilization exceptions set up:

- Limiting H1005 U1 to 18 NFP prenatal services per 280 consecutive days.
- Limiting H1005 U2 to 18 PAT prenatal services per 280 consecutive days.
  
- Limiting S5111 U1 to 6 postpartum services in 60 consecutive days.
- Limiting S5111 U2 to 6 postpartum services in 60 consecutive days.
  
- Limiting S9445 U1 to 40 infant services in 2 years.
- Limiting S9445 U2 to 74 infant services in 5 years.

Utilization Control - Max Visits				
	Prenatal	Postpartum	Infant	Total
NFP	18	6	40	64
PAT	18	6	74	98