THE NATIONAL SERVICE OFFICE FOR Nurse-Family Partnership Helping First-Time Parents Succeed® | child first

May 9, 2022

January Contreras
Assistant Secretary
Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services
5600 Fishers Lane | Rockville, MD | 20857

Re: Proposed Information Collection Activity; Plan for Foster Care and Adoption Assistance- Title IV-E

Dear Assistant Secretary Contreras,

The National Service Office (NSO) for Nurse-Family Partnership® (NFP) and Child First appreciates the opportunity to respond to the Administration for Children and Families (the Department's) proposed information collection activity for Title IV-E (87 FR 15015, published 3/11/22). The NSO commends the Department for offering stakeholders this opportunity to provide feedback, as states and model developers have begun working through the implementation of the Family First Prevention Services Act (FFPSA). In general, the NSO believes that the Department can enhance the effectiveness and reach of FFPSA and Home Visting programs by revising the existing Program Instructions and provide more robust Technical Assistance to states trying to implement FFPSA. Additionally, we advise the Department to encourage and support states to think creatively when defining FFPSA candidacy, specifically with an emphasis on stronger investments in upstream interventions that prevent the entry into child welfare services, such as Home Visiting, which is the true legislative intent of FFPSA.

As such, the NSO provides the following specific feedback for the Department to consider when revising the **FFPSA Program Instructions (ACYF-CD-PI-18-09)**.

Section I, Payer of Last Resort

Working with states to implement FFPSA, the NSO has come to find that there is great confusion over the interplay between FFPSA and Medicaid. The current guidance related to Medicaid and the payer of last resort is insufficient for states to make informed decisions and for FFPSA and Medicaid to interact uniformly. The NSO recommends that the Department provide more robust guidance about the payer of last resort and Medicaid in the Program Instructions. Given the complexities and variable structures of Medicaid across the country, states need more details. Within individual FFPSA approved programs, some children will be Medicaid eligible, and some will not. Guidance is needed on how to structure this braided funding within programs to serve all children who need these services. We propose that revised instructions should include strategies or guidelines for engaging state Medicaid offices, as well as reminding states that every state Medicaid plan is different and:

- Does not provide Medicaid benefits to people who do not meet Medicaid eligibility requirements; and,
- Does not accept claims from providers who are not enrolled in the state's Medicaid program as a qualified provider; and,
- Reimburses only for the specific services covered under the mandatory or optional benefit within the federally approved state plan and billing guidance, (or under EPSDT).

This means implementation of the "payer of last resort" is provision with respect to Medicaid, and requires that Title IV-E (FFPSA) and Title XIX (Medicaid) program leads, and state agencies *must* work together to:

- Determine who pays for what service, how and when.
- Provide clear implementation guidance to both the state and service providers.

The NSO recommends that the Department require – as part of the 5-year state FFPSA plan- a separate attachment with a specific plan in writing from the Title IV-E and Title XIX agencies in the state on *how* they will implement this provision at the policy and decision-making level; and how they will operationalize those policies, so providers have something to act upon. The NSO believes that this coordination between FFPSA and Medicaid should start from the top. We urge the Department to consider a joint letter or joint guidance with the Centers for Medicare and Medicaid (CMS).

In addition to Medicaid, the NSO recommends that the Department consider providing guidance on payer of last resort in relation to federal grants such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The Department may also consider coordination with the Health Services and Services Administration (HRSA) to provide additional guidance on this issue, given the fact that Home Visiting is included in FFPSA, and so much of that work is currently funded through MIECHV.

Attachment B, Section 4: Consultation and Coordination

Based on our experiences with states thus far, we have not seen a lot of consultation/coordination occurring with the in-home parent supports. Since these programs are often outside of the agency overseeing child welfare and the focus continues to be on the families with Child Protective Services (CPS) involvement, there is not a clear delineation of how Home Visiting programs might be offered or what the eligibility criteria for FFPSA is. Based on our experiences thus far, it appears as though there might just be an incentive to "check the box" by referring a family to one of the programs rather than providing actual consultation and coordination. In our experience, states are struggling with how to successfully coordinate and consult with state agencies that have vastly different mandates and numerous bureaucratic hurdles. The NSO believes that there are missed opportunities for Home Visiting and child welfare, without more intentional ways of linking these two programs. More detailed guidance and specific examples from the Department could help states think through this ambiguity.

Attachment B, Prevention Plan Reporting

The NSO believes that the child welfare agency should oversee the prevention plan and the placement status. Ideally, one caseworker would be the point person for the family and could participate in team meetings as needed for updates. Home Visiting programs should follow their current data and reporting requirements. The NSO strongly discourages any type of reporting that would put into question the voluntary nature of NFP and Child First programs and jeopardize the trust being built between the client and NFP nurses and Child First clinicians and care coordinators. As model developers, NFP and Child First apply several rigorous methods to monitor and maintain fidelity to the models in the field. Efficient and effective state oversight of the evidence-based programs would rely on model developers' assessments of fidelity to the model and not add more requirements or oversight for fidelity. There is no practical utility to implementing agencies and the families served through FFPSA to have greater oversight of fidelity by the states, which increases the burden of documentation for both staff and families. This only decreases time dedicated to serving families. To curtail additional burdens of documentation on the implementing agencies, the Department should limit the amount of data that States collect on children to only those elements that are directly connected to the target outcomes of FFPSA *and* have a documented purpose and use.

In addition, states should only collect the absolute minimum data necessary. States should be limited in the amount of data they collect on children and families who are often over-surveilled. There must be a clearly

defined purpose and use for all data elements collected by states, and this assessment should be available to the public for transparency in what is collected by the state and why. When continuous quality improvement and fidelity monitoring already exist by model developers, the NSO encourages the Department to consider waivers to those implementing agencies in deference to the existing practices by the model developers. Finally, all states should allow for data extracts to be uploaded from implementing agencies' electronic health records or information systems. All the efforts mentioned above will help to reduce the burden of data collection, which is already significant for both child welfare agencies and Home Visiting programs.

Quality, Utility, and Clarity of the Information Collected

There are a variety of methods that are being considered to continuously monitor fidelity throughout the states. Deference should be given to model developers like NFP and Child First, that have extensive fidelity monitoring embedded into the implementation of the model. The NSO recommends that Home Visiting models, which have extensive fidelity monitoring embedded into the implementation of the model, should be excused from the requirement that states be involved in continuous fidelity monitoring. The NSO would be happy to provide fidelity monitoring protocols and methodologies on behalf of states choosing to use NFP or Child First in their FFPSA prevention plans. This exemption could again reduce the burden on states, sites, and Home Visitors, increasing services to families

Estimate of Burden

The Annual Burden Estimates presumably focuses on the hours required by the states themselves. This estimate appears to omit the hours spent by implementing agencies and model developers. The only way to not add hours to implementing agencies and model developers is to use the workflows, data collection methods, fidelity monitoring and continuous quality improvement practices that are already in use at all the implementing agencies. From our experience with the initial implementation of Child First using FFPSA funding, Child First staff spent at least 30 hours working on the development of a fidelity measurement system to meet the FFPSA state evaluation requirements. This work is not yet done, and these hours do not include the additional data collection and quality improvement burden for the affiliate agencies for the additional layer of oversight that is being added by the state.

Attachment C, HHS Initial Practice Criteria and First List of Services and Programs Selected for Review as Part of the Title IV-E Prevention Services Clearinghouse

With the growing need for mental health services, especially considering the pandemic, and the clear need for mental health services for young children, the NSO feels that there is a large service gap in preventive mental health services for families, especially those with young children in or at risk of entering the child welfare system. Scientific research has made it clear that early childhood is the most effective time to intervene, especially with young children who have experienced trauma. The result is prevention of long-term negative outcomes in mental health, cognitive development, and physical health. Given that there are very few (even now) early childhood mental health programs among the list of well-supported, limiting the use of prevention services to 50 percent of funds for "well-supported" means that evidence-based mental health programs such as Child First cannot be fully funded by FFPSA. The NSO strongly believes that states are disadvantaged by not being able to include Child First and other mental health programs in their state plans due to the nature of the Clearinghouse criteria. While we agree with the stringent review of the evidence and maintaining strong evidentiary standards, we encourage the Department to reconsider criteria that mandates 50% of programs be "well-supported." This criterion should be changed to include both "well-supported" AND "supported," or states should be permitted to make exceptions, with rigorous contemporaneous data.

The NSO commends the Department for its commitment to implementing FFPSA with attention to what science and practice tells us is best for this vulnerable population—both parents and children. The NSO shares in the Department's belief that primary prevention strategies, such as evidence-based home visiting programs, have a transformative impact on families and the child welfare system.

Thank you for your consideration of these comments and your continued work to bring quality programs to families in need.

Regards,

Frank Daidone
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