

MINNESOTA COALITION FOR TARGETED HOME VISITING
2021 POLICY AND LEGISLATIVE POSITION STATEMENTS

December 3, 2020

Goals	2021 Policy Position Statements	2021 Legislative Position Statements
<p>1. Increase resources for quality targeted home visiting programs and services</p>	<p>1. Expand and Increase Medicaid reimbursement for home visits by trained or licensed professionals and paraprofessionals. Home visits are conducted by a number of professionals and paraprofessionals including community health workers, health educators, social workers, and doulas. Work with DHS and policy makers to increase capacity of paraprofessionals to bill Medicaid.</p> <p>2. Support the implementation of Community Solutions Grant Program. Allowing communities of color and communities experiencing geographic inequities to identify their own needs and challenges related to maternal and child health will provide opportunities to develop locally driven solutions to help address inequities</p> <p>3. Expand the list of recognized evidence-based and evidence-informed home visiting programs in Minnesota. Expanding the list of recognized evidence-based and evidence-informed programs in Minnesota increases access to quality programming across the state and provides additional flexibility to target families who are currently not being served, e.g., parents who are incarcerated, second parent of a child, etc.</p> <p>4. Encourage interagency coordination through the Family First Prevention Services Act for home visiting services and proactively encourage alignment between the Minnesota Departments of Health and Human Services definitions of evidence-based and evidence-informed as well as the release of resources.</p>	<p>1. Increase flexibility and access to targeted home visiting programs. Increase flexibility in the types of home visiting programs eligible to apply for home visiting funding at MDH, DHS and/or MDE.</p> <p>Increase flexibility in the types of programs eligible to access state funding, and/or increase flexibility in eligibility of families receiving services to ensure racially, ethnically and geographically diverse programs and delivery systems are available to best meet the needs of families with complex needs.</p> <p>Continue to promote and support collaboration and coordination among service providers.</p> <p>2. Protect current public health investments for pregnant women and infants including home visiting services in Minnesota.</p> <p>3. Medicaid reimbursement rates should set minimum reimbursement rates on PMAP contracts for home visiting services.</p> <p>4. Support federal and state legislation for continuous eligibility in Medicaid and CHIP programs to increase health and mental health outcomes for those who are pregnant and infants.</p>

<p>2. Build a strong infrastructure to support quality targeted home visiting programs and services</p>	<p>1. Increase coordination and collaboration among home visiting services and programs in communities across the state of Minnesota to better serve families with complex needs.</p> <p>Increased coordination and collaboration will help families who have historically been underserved access services, e.g., parents who are incarcerated, fathers who want to, or are engaged with their children.</p> <p>Recognition and promotion of successful collaboration and coordination efforts will encourage replication.</p> <p>2. Identify strategies to diversify the field home visiting professionals to better reflect the families they serve throughout Minnesota. Work with evidence-based models to assist with these goals.</p> <p>3. Identify shared outcomes across home visiting programs funding with public and private funding in Minnesota.</p>	<p>1. Identify strategies to diversify the field of family home visiting professionals to better reflect the families they serve throughout Minnesota through flexible credentials or shared recruitment strategies.</p>
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