**REQUEST FOR APPLICATIONS – Fiscal Year (FY) 26**

***In Lieu of Services – Medicaid Reimbursement for Perinatal Home Visiting***

The Missouri Children's Trust Fund (CTF) is seeking applications from eligible Home Visiting Agencies (HVAs) who wish to participate in the statewide *In Lieu of Services – Medicaid Reimbursement for Perinatal Home Visiting* project.

**OVERVIEW OF IN LIEU OF SERVICE – MEDICAID REIMBURSEMENT FOR PERINATAL HOME VISITING**

*An ‘In Lieu of Service’ (ILOS)* is an alternative service or setting that is a medically appropriate and cost-effective substitute for a covered service or setting under the Medicaid State Plan. Through an arrangement between Missouri HealthNet Division (MHD) and all Missouri Managed Care Organizations (MCOs), MCOs will be paying for home visiting services for a subset of high-risk perinatal MCO members. Perinatal care encompasses the entire period around birth, from pregnancy to one-year post-partum. CTF will be the fiscal intermediary for this funding stream, allowing home visiting agencies to seek reimbursement directly from CTF.

This new and innovative funding stream necessitates a flexible approach from the HVA to adapt to emerging solutions. Evolving project needs will be communicated by CTF. Technical support and guidance will be provided with intent to reduce burden on HVAs.

**HOW IT WORKS**

Home Visitors partner alongside parents facilitating face-to-face conversations in the home to develop a deep understanding of each family’s circumstances and observing firsthand the challenges they may face. This customized relational service builds trust. Home visitors help identify causes of barriers and unique needs while utilizing family and community strengths and connection to resources. This service is complementary, not duplicative, of standard Care Management services provided by health plans.

The goals of perinatal initiated Home Visiting programs are multi-faceted and include:

1. improving maternal and infant health and birth outcomes and provide postpartum support, and
2. increasing family self-sufficiency and adaptative behaviors through child development and parenting education, safety assessments and tailored referrals to other services.

**TARGET POPULATION & MEMBER REFERRALS**

MCO members eligible for Medicaid reimbursable perinatal home visiting are mothers with high-risk pregnancies up to one year postpartum, as determined by the MHD Notification of Pregnancy (NOP) and Risk Screening Form completed by MCO providers and team members. *See* [*Notification of Pregnancy and Risk Screening Form - 2575-076 | mydss.mo.gov*](https://mydss.mo.gov/media/pdf/notification-pregnancy-and-risk-screening-form-2575-076)

Qualifying criteria for home visiting will include at least one of the following *(as indicated on the NOP and Risk Assessment or as documented by the member’s health plan case manager)*

1. High or very high overall risk indicated.
2. Moderate risk but member has indicated lack of family or friends able to support her during pregnancy and postpartum.
3. Member has indicated risk of domestic abuse.

*Home visiting referrals for members with high or very-high-risk factors will be routed to Nurse-based home visiting, if available and agreed to by member.*

The Referral Process includes:

The MCO Care Management Team receives a Notice of Pregnancy (NOP) and risk level. After obtaining member consent, a home visiting referral is completed. The referral is routed to the appropriate Coordinated Referral & Intake System (CRIS) managed by regional Collective Impact (CI) sites. CRIS logic will identify a home visiting program and assign the referral to the best fit and available Medicaid approved home visiting program. The HVA will reach out to the member to explain and offer home visiting services following their own program’s enrollment procedures.

*\*Please see Attachment 1 - Referral Process Map*

**FUNDING AVAILABLE**

There are 4 rates of funding based on type of home visiting model and geography \*

Nurse-led HV model (Metro/Large Metro counties) $250 / visit

Nurse-led HV model (Rural/Micro/CEAC counties\*\*) $300 / visit

Standard HV model (Metro/Large Metro counties) $200 / visit

Standard HV model (Rural/Micro/CEAC counties\*\*) $250 / visit

\*Provider Network Adequacy Standards

[*https://mydss.mo.gov/media/pdf/provider-network-adequacy-standards*](https://mydss.mo.gov/media/pdf/provider-network-adequacy-standards)

\*\* Counties with Extreme Access Considerations (i.e. - remote rural)

**HVA ELIGIBILITY & PARTICIPATION REQUIREMENTS**

Eligible home-visiting programs include:

* Evidence-based, HomVEE-approved models with proof of practicing to fidelity, OR;
* High-quality, home-visiting models that:
  + Incorporate a parent-education curriculum consistently with families served,
  + Deliver year-round services with at least 1-2 visits per month, and
  + Can participate in periodic assessments with CTF

To participate in Medicaid Reimbursement for Perinatal Home Visiting, agencies must:

* Be an eligible home visiting program as explained above,
* Already be part of or be willing to become a CRIS Referral Partner *(Coordinated Referral & Intake System)* through a regional Home Visiting Collective Impact site,

*See* [*CRIS Start a Referral | Children's Trust Fund of Missouri*](https://ctf4kids.org/cris-start-a-referral/),

* Participate in Community Meetings with your regional Collective Impact site,
* Be trained in and utilize the CTF aligned REDCap database to record MIECHV measures & CTF data metrics including those focused on *pregnancy or preterm birth, breastfeeding, postpartum visits, depression screenings, infant health & more,*
* Ensure home visiting staff are trained in *pregnancy, postpartum, perinatal & infant health.*

*\*Please see Attachment 2 – ILOS Screening & Forms Schedule*

*The ILOS Screening & Forms Schedule is subject to change. If an HVA participates as a full collective impact data partner or within another REDCap data collection project, the HVA would complete all data associated with the largest dataset.*

**TRAINING REQUIREMENTS**

HVAs will be eligible to participate in this Perinatal Home Visiting Model if they ensure their home-visiting staff are trained in:

1. **Pregnancy:** prenatal visits, smoking/tobacco cessation, hypertension, gestational diabetes,

preeclampsia, warning signs in pregnancy and appropriate actions, preparing for

labor/delivery, supporting clients with pre-existing or pregnancy-related comorbidities

1. **Postpartum:** postpartum visits, postpartum warning signs and appropriate actions,

depression and anxiety, mental health and substance use, interconception health and

family planning, transitioning back to work

1. **General Perinatal Topics:** physical activity and nutrition, partner involvement, preterm

birth and low birthweight, domestic/interpersonal violence, child abuse and neglect

prevention, substance use, roles of different types of clinical and non-clinical birth workers,

state/regional maternal/child health programs, initiatives, and resources

1. **Infant Health:** importance of well-child visits, infant immunizations, safe sleep, infant

feeding/nutrition, car seat safety, infant development/milestones

**REPORTING**

* CTF will be the pass-through fiscal intermediary reimbursing HVAs monthly for the prior month’s home visiting services. CTF in turn will invoice the MCO for home visiting services provided by the HVA on behalf of its MCO members.
* Project specific data and home visiting services for the previous month must be entered by the contracted HVA into the CTF aligned REDCap database. Reporting features which have been created within the REDCap Medicaid project can be used by the HVA for monthly CTF reporting. Reporting and Invoicing Instructions will be shared with HVAs during the finalization of contracts.
* Innovation inherently requires flexibility. An adaptive strategy is necessary to accommodate this new funding. CTF will communicate and coordinate any changes with HVAs as needed keeping in mind the goal to reduce burden on HVAs.
* HVAs will complete an annual report by July 30th following the end of FY 26 on a CTF provided template.

**APPLICATION INSTRUCTIONS**

The application (included below) is to be completed and submitted to[**amy.sielaff@oa.mo.gov**](mailto:amy.sielaff@oa.mo.gov) **by end of day Tuesday, September 30, 2025** to be eligible for award consideration.

**INFORMATIONAL MEETING:** The Medicaid Reimbursement for Home Visiting Informational Meeting was held June 25th, 2025. The recording, slides and handout can be found on the CTF website:

[Medicaid Reimbursed | Children's Trust Fund of Missouri](https://ctf4kids.org/medicaid-reimbursed/)

Continue to visit this page during the open application process for Frequently Asked Questions (FAQs).

**CONTRACTING & DUE DILIGENCE REQUIREMENTS**

* CTF will review applications and initiate award notifications in October 2025.
* Contracts must be executed prior to beginning services or receiving payment.
* HVA must provide proof of active nonprofit status (e.g., IRS determination letter) or documentation of being a qualified governmental entity
* HVA must provide IRS form 990, if applicable
* HVA must provide a high-level organizational chart of leadership and staff pertaining to project and list of Board members.
* HVA must complete and return Application Certification Letter *(see Attachment 3)*

**CTF CONTACT**

Please send questions regarding this application request for FY26 ILOS - Medicaid Reimbursement for Perinatal Home Visiting to [***amy.sielaff@oa.mo.gov***](mailto:amy.sielaff@oa.mo.gov)

**Medicaid Reimbursement for Perinatal Home Visiting Application Form**

**Section A: Agency Information**

1. **Home Visiting Agency (HVA) Name:** Click or tap here to enter text.
2. **Federal Tax ID#:** Click or tap here to enter text.
3. **MissouriBuys powered by MOVERS supplier #:** Click or tap here to enter text.
4. **Agency Address and Phone Number:** Click or tap here to enter text.
5. **Program Contact Information (Name, number, email):** Click or tap here to enter text.
6. **Contracting Contact Information (Name, number, email):** Click or tap here to enter text.
7. **Fiscal Contact Information (Name, number, email):** Click or tap here to enter text.
8. **Name of Home Visiting Program (if different than agency name):** Click or tap here to enter text.

**Section B: Applicant Eligibility**

***Clear but concise, focused answers are welcomed. CTF will reach out with any clarifying questions or needs.***

1. **Please give a general description and history of the agency and home visiting program.**

Click or tap here to enter text.

1. **Please mark which Eligibility Criteria the home visiting program meets:**

\_\_\_\_\_ Evidence-based, HomVEE-approved models with proof of practicing to fidelity

Name of Home Visiting Model implemented by the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Please attached proof of current accreditation or registration status with model.***

**OR**

\_\_\_\_ High-quality, home-visiting models that:

* + Incorporates a parent-education curriculum consistently with families served,
  + Deliver year-round services with at least 1-2 visits per month, and
  + Can participate in periodic assessments with CTF

*If selecting high-quality, home visiting model, please answer the following questions:*

1. **Summarize any research, evidence of effectiveness or quality that supports your model:**
2. **What is the program’s barriers to achieving model fidelity?**
3. **What are the home visiting program’s current eligibility requirements including required age of child for enrollment?**

Click or tap here to enter text.

1. **Please list the program’s current Home Visiting Service Area (counties or zip codes served) and explain if the intent would be to continue covering the same areas with this project or a different service area.**

Click or tap here to enter text.

1. **What parent-education curriculum does the home visiting program utilize and how is it applied consistently with each family served?**

Click or tap here to enter text.

1. **Please describe frequency, duration, and intensity of home visits.** Click or tap here to enter text.
2. **Is the HVA currently a CRIS (Coordinated Referral & Intake System) partner in a regional home visiting Collective Impact site?**

Choose an item.

1. **If yes, which regional home visiting Collective Impact project does the program participate in?**

Choose an item.

*If more than one, please explain:*

1. **Is the HVA currently a full data collection partner in a regional home visiting Collective Impact site?**

**Choose an item.**

* 1. **If yes, which regional home visiting Collective Impact project does the program participate in?**

Choose an item.

*If more than one, please explain:*

1. **Please provide the following data from FY25 ending 6-30-25 for the home visiting program:**
   1. **The number of new prenatal enrollments: Click** or tap here to enter text.
   2. **The number of new postnatal enrollments from birth to 1 year: Click** or tap here to enter text.
   3. **The total number of unduplicated families served: Click** or tap here to enter text.
2. **Please describe how the program handles interpreting needs:**
   1. **When processing incoming referrals and when serving families during home visits?**

**Click** or tap here to enter text.

* 1. **Is this service budgeted or paid for within the agency or how is it secured?**

**Click** or tap here to enter text.

* 1. **What companies or contractors are utilized, if any, that provide an interpreter as needed and requested by the program?**

**Click** or tap here to enter text.

* 1. **On average, how many families has the program served in FY25 in need of interpreting services?**

**Click** or tap here to enter text.

1. **Please describe the hiring criteria for the program’s home visitors and supervisors.**

Click or tap here to enter text.

1. **Please review the required training topics for home visiting staff. Please describe how, where and frequency the program provides training on these topics.**

Click or tap here to enter text.

1. **Please describe how supervision is provided in the program.**

**Section C: Agency Documentation**

**Please attach the following supporting documentation to the application upon submission:**

* For an evidence-based, HomVEE approved model practicing to fidelity, please attach proof of current accreditation (e.g. certificate or letter of registration status)
* For a high quality, home visiting model, please submit documentation that ties your home visiting program to a model, if applicable, and/or to a parent education curriculum (e.g. certificate, letter, registration status, proof of training in a model or in a curriculum)
* Proof of active nonprofit status (e.g., IRS determination letter) or documentation of being a qualified governmental entity
* IRS form 990, if applicable
* A high-level organizational chart of leadership and staff pertaining to project and list of Board members.
* Application Certification Letter *(see Attachment 3)*