Chapter 3 – Maternal Child Health

Subchapter 4

~~Home Visiting Rule~~

~~**1.0 Authority** This rule is adopted pursuant to Act No. 66 of the Acts of the 2013 Sess. (2013) (An act relating to home visiting standards.), Section 2.~~

~~**2.0 Purpose** The purpose of this rule is to ensure that home visiting services are of the highest quality by establishing standards for their administration, delivery, and review that foster the contribution of diverse practice models.~~

~~**3.0 Definitions**~~

~~**3.1** "Agency" means the Vermont Agency of Human Services.~~

~~**3.2** "Cultural and linguistic competence" means a set of congruent behaviors, attitudes, and practices that enables effective work in cross – cultural situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institution of racial, ethnic, religious, or social groups.~~

~~**3.3** "Home visiting program" means an approach or model defined and supported by specific protocols, staff training, visit schedules, and measures which is intentionally designed to use trained staff working in a long-term (months or years) relationship to provide services in-home that will strengthen families and improve outcomes.~~

~~**3.4** "Home visiting services" means regular, voluntary visits with a pregnant woman or family with a young child for the purpose of providing a continuum of services that improves maternal and child health; prevents child injuries, abuse, or maltreatment; promotes social and emotional health; improves school readiness; reduces crime or domestic violence; improves economic self-sufficiency; and/or enhances coordination and referrals among community resources and supports, such as food, housing, and transportation.~~

~~**3.5** "Home visiting system" means the network of home visiting services, providers, and programs provided to Vermont families which are supported by public funding and state administrative structures, and/or use the outreach and intake functions of Children's Integrated Services (CIS).~~

~~**3.6** "Home visitor" means an individual with specific training in delivering services in-home related to a home visiting program.~~

~~**3.7** "Participants" means young children and their family members (as defined by the family) who voluntarily engage with home visitors and participate in home visiting programs.~~

~~**3.8** "Provider" means the entity or organization that provides programs of home visiting services.~~

~~**3.9** "Secretary" means the Secretary of the Vermont Agency of Human Services.~~

~~**3.10** "Support" means funding, promotion, coordination, or assistance with coordination.~~

~~4.0 All Home Visiting Programs/Models~~

~~**4.1** Vermont home visiting providers are required to either adopt a federally recognized evidence-based model, or to align with key shared elements of practice as reflected by the Vermont Home Visiting Practice Manual~~

~~**4.2** Each provider will submit an annual program plan to the state with set protocols. Where providers employ a model recognized by federal authorities as evidenced-based, the model protocols will be submitted. AHS will provide support and technical assistance for planning, when needed.~~

~~**4.3** Program Plan shall include program protocols required by the Vermont Home Visiting Practice Manual and, at a minimum, the follow:~~

~~**4.3.1** Program goals and expected outcomes~~

~~**4.3.2** Participant enrollment criteria – who qualifies to be enrolled, for what duration~~

~~**4.3.3** Program/model design – including notification if using a federally recognized evidence-based model, including:~~

~~**4.3.4** Staffing Qualifications and Training~~

~~**4.3.5** Systems for intake and outtake of families~~

~~**4.3.6** Reporting and Documentation of Client Services~~

~~**4.4** Home visiting services are offered at no cost to families~~

~~**4.5** Home visits should be conducted in a culturally and linguistically competent fashion.~~

~~5.0 Common Program Components~~

~~**5.1** Home visiting providers shall submit a detailed plan to Agency of Human Services for home visiting services. However, all providers should know and share core practices and information when appropriate.~~

~~**5.2** Home visiting programs and models support and promote family health and well-being across an array of needs and services. Promoting families' use of other services should include, but are not limited to, the following:~~

~~**5.2.1** Encourage families to ensure that immunizations are up-to-date for all enrolled children, understanding that some families may make an informed choice to opt out of some immunizations.~~

~~**5.2.2** Assist families with enrollment in health insurance available for children and adults.~~

~~**5.2.3** Assist families in identifying a primary care provider/medical and dental home for children and adults.~~

~~**5.2.4** Encourage families to complete all recommended well-child visits consistent with the recommendations of the American Academy of Pediatrics.~~

~~**5.2.5** Encourage all prenatal women to attend all recommended prenatal visits with their health care provider.~~

~~**5.2.6** Provide information or referral for family planning services.~~

~~**5.2.7** Screen all prenatal and postpartum women for perinatal depression.~~

~~**5.2.8** Screen all families for intimate partner violence.~~

~~**5.2.9** Provide information on the risks associated with tobacco use and encourage use of smoking cessation methods and interventions.~~

~~**5.2.10** Provide information on the risks associated with abuse of alcohol and other drugs, linking families to treatment services as appropriate.~~

~~**5.2.11** Provide information on nutrition and provide referral and linkage to nutrition assistance programs such as the Supplemental Nutrition Program for Women, Infants and Children (WIC), 3-Squares VT, and local food banks or other resources.~~

~~**5.2.12** Assist all families with filling out any of the hard copy or online application forms required for any of the services listed above.~~

~~**5.2.13** Assist with accessing, helping to arrange, or provide transportation to such services if needed.~~

~~**5.3** Child Abuse and Neglect Reporting~~

~~**5.3.1** Home visitors shall comply with all state requirements for mandatory child abuse and neglect reporting.~~

~~**5.3.2** Home visitors must be trained to understand and follow legal requirements for reporting suspected abuse and neglect.~~

~~**5.4** School Readiness and Achievement~~

~~**5.4.1** Providers must use screening and developmental assessment tools in order to individualize services for children, make appropriate referrals, and to track their progress.~~

~~5.4.1.1 Provide information concerning the benefits of quality early care and education, and provide referral and linkage to quality childcare, Head Start, preschool or other early care and education services.~~

~~5.4.1.2 Assist with referrals and linkages to quality early care and education, as needed and appropriate for the family.~~

~~5.4.1.3 Provide information concerning use of family resources, parenting, playgroups, and related activities.~~

~~5.4.1.4 Provide information concerning early literacy and help link them to the available resources.~~

~~**5.5** Screening~~

~~**5.5.1** Home visitors assist parents in understanding and interpreting any screening and assessments that are done with their children or them.~~

~~**5.5.2** Home visitors shall use screening tools in two key areas where validated screening tools exist:~~

~~**5.5.2.1** Early childhood development using the Ages and Stages (ASQ) and Ages and Stages – Social-Emotional (ASQ-SE) or other objective and validated screening tools; and~~

~~**5.5.2.2** Perinatal depression (e.g., Edinburgh Postnatal Depression Scale, PHQ-9, Beck Depression Inventory).~~

~~**5.6** Improvements in Family Self-Sufficiency and Coordination of Community Resources~~

~~Referrals will be made as needed to increase family stability and self-sufficiency.~~

~~**5.6.1** All home visitors shall have knowledge of financial public assistance available to their client families.~~

~~**5.6.2** Home visitors shall know by name, site, and area of experience and expertise, each of the major service providers in their service region.~~

~~**5.6.3** Home visitors shall follow up with families that referrals and connections provided were appropriate and helpful.~~

~~**5.7** Access~~

~~**5.7.1** Programs are considered to provide universal access, meaning there are no state eligibility guidelines limiting services by level of risk or income.~~

~~**5.7.2** Individual home visiting program/models may have specific participation criteria that affect access.~~

~~**5.7.3** When demand exceeds service capacity, each provider is responsible for determining an appropriate response, but must make a referral to CIS for any family they are unable to serve.~~

~~**6.0** **Home Visiting Provider Qualifications** Home visiting service providers shall:~~

~~**6.1** Provide home visiting services that:~~

~~**6.1.1** Are flexible and designed to meet the needs of families;~~

~~**6.1.2** Enroll young children and their families according to specific program or model criteria; and~~

~~**6.1.3** Are inclusive of, and responsive to, the ethnic, cultural, racial, linguistic, and socioeconomic diversity of families served.~~

~~**6.2** Meet the requirements to provide home visiting services:~~

~~**6.2.1** Meet the core quality elements of home visiting programs as defined by the Agency in the Home Visiting Manual;~~

~~**6.2.2** Establish written protocols that describe program participation, staff qualifications, and service plans, consistent with the design of its identified home visiting program or model;~~

~~**6.2.3** Have experience in serving families during pregnancy and/or the early childhood years (birth to six);~~

~~**6.2.4** Document that staff receive training appropriate to their qualifications and the identified home visiting program or model;~~

~~**6.2.5** Document clinical and administrative supervision of staff; and~~

~~**6.2.6** Comply with reporting requirements, including program, performance, process, and outcome data submitted on an annual schedule determined by the Agency.~~

~~**7.0** **Staffing Qualification**~~

~~**7.1** In the program plan submitted to AHS, home visiting providers will provide set hiring practices, personnel policies, continuous learning expectations, supervision practices, and annual review policies that match the needs of their organization and community.~~

~~**7.2** Expertise and Experience~~

~~**7.2.1** Home visitors are required to have at least one or more years working with childbearing families or those with young children.~~

~~**7.2.2** This experience may be gained on the job at the volunteer, intern, or apprentice level.~~

~~**7.2.3** Academic learning in this arena does not count as experience unless the home visitor completed an internship of 12 weeks or more.~~

~~**7.2.4** Experience in specific content areas, such as physical or occupational therapy, does not apply unless the home visitor spends 20 hours per week or more engaged with young children and their families.~~

~~**7.3** Content knowledge~~

~~Home visitors must have the comprehensive content knowledge of the following:~~

~~**7.3.1** Risk factors related to childbearing parenting~~

~~**7.3.2** Child development~~

~~**7.3.3** Family development~~

~~**7.3.4** Principles of family centered and family driven practice~~

~~**7.3.5** Community resources and referral systems~~

~~**7.3.6** Understanding of systemic barriers – poverty, racism, prejudice against young, single, or non-traditional families.~~

~~**8.0 Supervisor Qualification**~~

~~**8.1** Home visiting program supervisors are required to have a minimum of one year of supervisory experience and two years of work experience with the target population.~~

~~**8.2** Supervisors shall possess knowledge of childbearing and perinatal topics, early childhood and family development (including social and emotional development), reflective practice, and family-centered care.~~

~~**9.0 Administration**~~

~~**9.1** Providers shall ensure that home visiting staff has appropriate administrative supervision.~~

~~**9.2** All staff shall receive an overview of the data reporting requirements of the home visiting program during initial orientation.~~

~~**9.3** Providers will document their orientation procedures as part of their service plan submitted to the Agency of Human Services.~~

~~**9.4** Providers shall require orientation for home visitors that include:~~

~~**9.4.1** Mandated legal reporting procedures~~

~~**9.4.2** Confidentiality practices for healthcare and social service staff, such as Family Educational Rights Privacy Act (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA)~~

~~**9.4.3** Ethics~~

~~**9.4.4** Outreach and referral procedures and policies~~

~~**9.4.5** Other administrative concerns unique to the provider~~

~~**9.4.6** Home vising program/model and provider data reporting, including for those continuous quality improvement (CQI) efforts, as appropriate~~

~~**9.4.7** Any home visiting data reporting required by the state~~

~~**10.0 Home Visitor Safety**~~

~~Home visiting programs are expected to provide for the safety of home visitors and families, related to the following:~~

~~**10.1** Environmental Safety – Provide an orientation related to safety issues for all home visitors, including issues such as dog bites or environmental safety.~~

~~**10.2** Communication – Determine approaches that home visitors may use as a way of calling for help if needed. This may include landline telephones, pagers, cellphones, and back-up methods in areas that have no coverage.~~

~~**11.0 Community Engagement**~~

~~Community education and development activities represent efforts made at the local and state levels to assure awareness of home visiting services. Actives may include:~~

~~**11.1** Public awareness activities to promote community knowledge of the agency's services and outreach to serve the target population.~~

~~**11.2** Advocacy, education, policy development, and networking on behalf of the target population through formal systems.~~

~~**11.3** Consultation, education, and training of other community service providers in the community to increase inter-agency collaboration and the most effective service provisions to clients.~~

~~**12.0 Data Collection**~~

~~**12.1** Participation in data collection and evaluation is required for all program receiving state or federal funding.~~

~~**13.0 Records and Documentation**~~

~~**13.1** Programs will keep records in a manner consistent with the Vermont Home Visiting Practice Manual. Programs will keep full records for transitioning families:~~

~~**13.1.1** When an individual or family transitions out of the program, each program is required to document that fact in the family's file, or~~

~~**13.1.2** When the family no longer perceives the need for services, when an individual or family moves within or outside of the state, when participation in groups settings (E.g., center-based childcare or parent support groups) for services may be more appropriate, or other reasons.~~

~~**13.1.3** Whenever possible, reasons for transition, transition plans and other information should be included.~~

~~**14.0 Home visiting system supports**~~

~~**14.1** The Agency shall:~~

~~**14.1.1** Develop and maintain the Home Visiting Manual to align with national standards and the evolving body of evidence around home visiting;~~

~~**14.1.2** Coordinate and/or support home visitor and service provider training;~~

~~**14.1.3** Provide a structure for coordinating services at the state and local level, including the Department of Health and Department for Children and Families; and~~

~~**14.1.4** Enhance outreach efforts, family intake methods, referrals, and transitions, including use of Children's Integrated Services and Integrated Family Services resources.~~

~~**14.2** Home visiting models and home visiting programs that are eligible for state or federal funding shall conform to provider qualifications and other sections of this rule. The Agency shall allow exceptions where state and federal law supersedes these rules.~~

~~**14.3** The Agency shall provide for all programs in the Vermont home visiting system an administrative and operational structure for data collection, management, and use. This shall include but is not limited to:~~

~~**14.3.1** A coordinated approach for collection, reporting, analysis, and use of home visiting program data, accommodating the required reporting of other federal, state, and models and including a unified schedule for data reporting;~~

~~**14.3.2** Defined common, statewide home visiting program process, performance, and administrative measures;~~

~~**14.3.3** Defined, common statewide home visiting program outcome measures related to maternal and child health; child injuries, abuse, or maltreatment; social and emotional health; school readiness; crime or domestic violence; economic self-sufficiency; or coordination and referrals among community resources and supports; and~~

~~**14.3.4** Quality improvement processes among multiple home visiting programs and providers.~~

~~**14.4** The Agency shall provide approved Medicaid financing and/or other available federal and state financing to qualified home visiting programs.~~

Home Visiting Rule

1.0 Authority

This rule is adopted pursuant to Act 66 of 2013, Section 2(b).

2.0 Purpose

This rule establishes the standards that apply to home visiting service providers in Vermont.

3.0 Definitions

3.1. "Children's Integrated Services" (CIS) means a state-funded system of services that offers supports and resources for healthy development and well-being of pregnant and postpartum people and families with young children.

3.2. "Cultural sensitivity" means a set of congruent behaviors, attitudes, and practices that enables effective work in cross–cultural situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institution of racial, ethnic, religious, or social groups.

3.3. "Department" means the Vermont Department of Health.

3.4. "Help Me Grow" means a state-funded non-profit that operates a free, evidenced-based coordination and referral system that provides pregnant individuals, families, and children (through age eight), information, supports, and services.

3.5. "Home health agency" means a for-profit or nonprofit health care facility providing part-time or intermittent skilled nursing services and at least one of the following other therapeutic services made available on a visiting basis, in a place of residence used as a patient's home: physical, speech, or occupational therapy; medical social services; home health aide services; or other non-nursing therapeutic services, including the services of nutritionists, dieticians, psychologists, and licensed mental health counselors.

3.6. "Home health services" means activities and functions of a home health agency, including nurses, home health aides, physical therapists, occupational therapists, speech therapists, medical social workers, or other non-nursing therapeutic services directly related to care, treatment, or diagnosis of patients in the home.

3.7. "Home visiting services" means voluntary visits with an individual, family expecting a child into their care, or a family with a young child, for the purpose of providing a continuum of services that improves maternal and child health; prevents child injuries, abuse, or maltreatment; promotes social and emotional health; improves school readiness; reduces crime or domestic violence; improves economic self-sufficiency; or enhances coordination and referrals among community resources and supports, such as food, housing, and transportation. Home visiting services does include home health or hospice services.

3.8. "Home visiting services provider" and "Provider" means the entity or organization that provides home visiting services. Home visiting services provider does not include home health agencies or hospice.

3.9. "Home visitor" means an individual providing home visiting services. Home visitor does not include individuals providing home health or hospice services.

3.10. "Manual of Vermont Home Visiting Program Standards" and "Manual" means the manual published by the Department that establishes guidelines and best practices for home visiting service providers and home visitors.

3.11. "Participants" means young children, pregnant individuals, and their family members (as defined by the family) who voluntarily engage with home visitors and participate in home visiting programs.

4.0 General Requirements

4.1. Home visiting providers shall either adopt a federally recognized evidence-based model or implement home visiting practices that are consistent with the guidance included in the Manual of Vermont Home Visiting Program Standards.

4.2. Home visiting providers shall offer their services at no cost to families.

4.3. Home visiting service participation shall be voluntary for families.

4.4. Home visiting providers shall be informed and familiar with current State community-based resources and information assistance outlined in the Manual of Vermont Home Visiting Program Standards to support the coordination of referrals for health, safety, food security, child development, and economic resources.

4.5. Providers shall assist families by connecting them with systems and information consistent with the guidance included in the Manual of Vermont Home Visiting

Program Standards.

4.6. Home visits shall be conducted in a culturally sensitive fashion.

4.7. Documentation of Program Plan

4.7.1. Home visiting service providers shall develop and document a program plan that addresses the following and make this documentation available for review by the Department upon request:

4.7.1.1. Program goals and expected outcomes;

4.7.1.2. Program model and design;

4.7.1.3. Participant enrollment criteria, including enrollment eligibility and duration;

4.7.1.4. Family intake and outtake methods;

4.7.1.5. Staffing qualifications, training, and supervision requirements;

4.7.1.6. Policies regarding the use of volunteer home visitors, if applicable; and

4.7.1.7. Performance evaluation and quality improvement measures, including mechanisms for tracking funding, utilization, and outcomes for families and children.

4.8. Service Personnel Policies and Provider Training

4.8.1. Home visiting providers shall not employ, or use any volunteer, or service provider if there has been any substantiation of abuse, exploitation, or neglect by that individual.

4.8.2. Home visiting providers shall provide a comprehensive training to new home visitor employees within the first six months of the date of hire. This orientation shall include, at a minimum:

4.8.2.1. Legal requirements for reporting suspected abuse and neglect;

4.8.2.2. Outreach and referral procedures and policies;

4.8.2.3. Home visiting environmental safety and risk mitigation;

4.8.2.4. Confidentially practices for health care and social services staff, including:

4.8.2.4.1. Family Educational Rights and Privacy Act (FERPA); and

4.8.2.4.2. Health Insurance Portability and Accountability Act (HIPPA); and

4.8.2.5. Cultural sensitivity best practices.

4.8.3. Home visiting providers shall have programmatic and supervisory policies in place to address potential risks or safety concerns for home visitors.

4.9. Screening Tools

4.9.1. Providers shall use evidenced-based screening and assessment tools, as listed in the Manual.

4.9.2. Providers shall make referrals to any necessary services based on screening and assessment results.

4.10. Home visiting providers shall make any necessary referrals to support family stability and/or self-sufficiency.

4.10.1. Home visiting providers shall make a referral to CIS and/or Help Me Grow for any family they are unable to serve. A list of CIS coordinators can be found on the Vermont Department for Children and Families website. Information on Help Me Grow can be found on the Vermont Department of Health website.

4.11. Home visiting providers shall document when an individual or family transitions out of the program and if available, reasons for transition and transition plans.

5.0 Eligibility for Funding

5.1. Home visiting service providers who apply for funding from the Department of Health and/or the Department for Children and Families will be evaluated based on the criteria established in the Manual of Vermont Home Visiting Program Standards.