

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT
REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Home Visiting Rule

/s/ Todd W. Daloz

(signature)

, on 8/9/23

(date)

Printed Name and Title:

Todd W. Daloz
Deputy Secretary
Agency of Human Services

RECEIVED BY: _____

- Coversheet
- Adopting Page
- Economic Impact Analysis
- Environmental Impact Analysis
- Strategy for Maximizing Public Input
- Scientific Information Statement (if applicable)
- Incorporated by Reference Statement (if applicable)
- Clean text of the rule (Amended text without annotation)
- Annotated text (Clearly marking changes from previous rule)
- ICAR Minutes
- Copy of Comments
- Responsiveness Summary

1. TITLE OF RULE FILING:

Home Visiting Rule

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

23P003

3. ADOPTING AGENCY:

Vermont Department of Health

4. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Natalie Weill

Agency: Department of Health

Mailing Address: 108 Cherry St, Burlington, VT 05401

Telephone: 802-863-7280 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<http://www.healthvermont.gov/about-us/laws-regulations/public-comment>

5. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Brendan Atwood

Agency: Department of Health

Mailing Address: 108 Cherry St, Burlington, VT 05401

Telephone: 802-863-7282 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

Act 66 of 2013, Section 2(b).

8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

Act 66 (2013) Section 2(b) states: "The Secretary of Human Services, in consultation with interested providers and other stakeholders, shall develop rules establishing standards for the delivery of home visiting services throughout Vermont..."

9. THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.

10. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.

11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.

12. THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.

13. THE AGENCY HAS INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.

14. CONCISE SUMMARY (150 WORDS OR LESS):

This rulemaking does the following:

1) Updates the rule to reflect current practices and program management.

2) Clarifies the services regulated under this rule.

3) Removes the requirement that home visiting services be at no cost to families to align current provider practices.

4) Consolidates and moves recommendations from the existing rule, into The Manual of Vermont Home Visiting Program Standards, a supplemental resource for home visiting service providers.

5) Simplifies the required documentation and program plan process for home visiting service providers.

6) Updates employee and volunteer hiring standards by requiring comprehensive orientation to new home visiting providers within the first six months of the date of hire.

7) Ensures all screening tools used by home visiting providers are evidence-based.

8) Reorganizes the requirements of home visiting providers for clarity.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

Act 66 (2013) Section 2(b) directs the Secretary of Human Services to develop rules establishing standards for the delivery of home visiting services throughout Vermont.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

This rulemaking is not arbitrary because it updates the rule for consistency with Act 66 (2013). The rulemaking is rationally connected with Act 66 (2013) Section 2(b) directing the Secretary of Human Services to develop rules establishing standards for the delivery of home visiting services throughout Vermont.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Department for Children and Families (DCF)

Vermont Department of Health (VDH) Division of Maternal and Child Health

Vermont home visiting service providers

Participants of home visiting services

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

An unquantifiable cost-savings is anticipated for home visiting service providers. The proposed changes remove the requirement that Department staff must review and approve the documentation of program plan prepared by home service providers before providers may deliver services to families in Vermont. The removal of this administrative requirement does not diminish the quality of home visiting services due to existing federal regulations and required standards for home visiting service providers in the Manual of Vermont Home Visiting Standards.

There is no anticipated cost to families from the amendment made removing the requirement that home visiting services be at no cost to families because current practices among some home visiting service providers that do not contract with the State have been charging families. VDH and DCF will continue to

administer the home visiting service program at no cost to families.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 3/14/2023

Time: 11:00 AM

Street Address: 108 Cherry St. Burlington, Conference Rm 2C

Zip Code: 05401

URL for Virtual: Virtual option:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_YTA3MGFlZGQtNDE4My00N2Y4LWFjNDctNThjNGJiOWYyZjkz%40thread.v2/0?context=%7b%22Tid%22%3a%2220b4933b-baad-433c-9

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

3/21/2023

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Home Visiting

Home Visiting Providers

Child

Children

Maternal and Child Health

280 State Drive - Center Building
Waterbury, VT 05671-1000



OFFICE OF THE SECRETARY
TEL: (802) 241-0440
FAX: (802) 241-0450

JENNEY SAMUELSON
SECRETARY

TODD W. DALOZ
DEPUTY SECRETARY

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

A handwritten signature in blue ink, appearing to be 'Jenney Samuelson', written over the 'FROM:' line.

DATE: January 31, 2023

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

I hereby designate Deputy Secretary of Human Services Todd W. Daloz as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedure Act, 3. V.S.A § 801 et seq.

Cc: Todd W. Daloz

To: Rep. Trevor Squirrell, Chair of the Legislative Committee on Administrative Rules
From: Natalie Weill, Public Health Policy Advisor for Vermont Department of Health
Re: Home Visiting Rule
Date: August 3, 2023

Following the filing of the rule for public comment, the Health Department made the following changes to the proposed rule:

The following changes were made based on comments received from stakeholders during the public comment period:

1. Section 3.0, Scope, was added to the Rule to define the entities regulated under this rule. Accordingly, the following text was added to the Rule:

3.0 Scope

3.1 This rule applies to all individuals and entities that provide one or more home visiting service(s) as defined by this rule. Individuals or entities that provide a service that meets one or more parts of the definition of home visiting service(s) shall be regulated under this rule.

3.2 This rule does not apply to entities when they are providing medically necessary, intermittent, skilled home health services provided by Medicare-certified home health agencies of the type covered under Title XVIII (Medicare) or XIX (Medicaid) of the Social Security Act.

2. The definition of “Participants” in Section 4.9 was amended for clarity. Accordingly, the following change was made:

4.9 “Participants” means young children, pregnant individuals, postpartum persons, caregivers, and their family members, ~~(as defined by the family),~~ who voluntarily engage with home visitors and participate in home visiting programs.

3. Section 4.2 of the proposed Rule was modified to clarify program practices. Section 5.6 and 5.8.2.5 of the proposed Rule was amended for parity with the above amendment to the definition section. Accordingly, the following change was made:

~~3.2~~ 4.2 “Culturally responsive ~~Cultural sensitivity~~” means a set of congruent behaviors, attitudes, and practices that enables effective work in cross-cultural



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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.”

~~4.6~~ 5.6 Home visits shall be conducted in a culturally responsive~~-sensitive~~ fashion.

~~4.8.2.5~~ 5.8.2.5 Cultural responsive~~sensitivity~~-best practices.

4. The definitions “home health agency” and “home health services” were removed from the rule because Section 3.0 defines the scope of the rule and sufficiently addresses these entities, making these definitions unnecessary. Accordingly, the following change was made:

~~“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 service of nutritionists, dieticians, psychologists, and licensed mental health counselors.~~

~~“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.~~

5. Section 4.5, 4.6, 4.7 of the proposed Rule, was amended for parity with Section 3.0. Accordingly, the following change was made:

4.5 “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 a continuum of service or services, that improves parental 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.~~



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4.6 “Home visiting services provider” and “Provider” means the individual, entity, or organization that provides home visiting services as defined in this rule. Home visiting services provider does not include home health agencies or hospice.

4.7 “Home Visitor” means an individual providing home visiting services. ~~Home visitor does not include individuals providing home health or hospice services.”~~

6. Section 5.1 of the proposed Rule was amended as follows for clarity and accessibility:

Home visiting service providers shall either adopt a ~~a federally recognized evidence based model~~ U.S. Department of Health and Human Services model eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, or implement home visiting practices and models that are consistent with the guidance included in the Manual of Vermont Home Visiting Program Standards. The Manual can be found on the Department of Health’s website.

7. Section 5.2 of the proposed Rule was amended due to the modified regulatory scope established in Section 3.0. Accordingly, the following change has been made:

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

5.2 Home visiting service providers who charge fee for service shall disclose all fees and charges before services are rendered.

8. Section 5.7.1.7 of the proposed Rule was amended. These requirements are addressed in detail within the Manual. Accordingly, the following change was made:

5.7.1.7 Performance evaluations and quality improvement measures;
~~including mechanisms for tracking funding, utilization, and outcomes for families and children.~~

9. Section 5.8.2.4.1 and 5.8.2.4.2 of the proposed Rule were amended for accuracy. Accordingly, the following change was made:

5.8.2.4.1 Family Educational Rights and Privacy Act (FERPA); and/or
5.8.2.4.2 Health Insurance Portability and Accountability (HIPAA).

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

Home Visiting Rule

2. ADOPTING AGENCY:

Vermont Department of Health

3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):

Home Visiting Rule; November 20, 2014 Secretary of State Rule Log #14-042.



INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: January 9, 2023, virtually via Microsoft Teams

Members Present: Chair Sean Brown, Brendan Atwood, Diane Bothfeld, Jennifer Mojo, John Kessler, Diane Sherman, Mike Obuchowski and Donna Russo-Savage

Members Absent: Jared Adler

Minutes By: Melissa Mazza-Paquette

- 2:01 PM meeting called to order, welcome and introductions.
- Review and approval of minutes from the [December 12, 2022](#) meeting.
- Original agenda approved as drafted with the following change:
 - The next scheduled meeting was moved from Monday, February 13, 2023 to Wednesday, February 22, 2023, 2:00 PM.
- No public comments made.
- Presentation of Proposed Rules on pages 2-8 to follow.
 1. HazMat Transportation & Motor Carrier Safety Standards, Agency of Transportation, Department of Motor Vehicles, page 2
 2. Rule 1: Licensing of Cannabis Establishments, Cannabis Control Board, page 3
 3. Rule 2: Regulation of Cannabis Establishments, Cannabis Control Board, page 4
 4. Rule 4: Compliance and Enforcement, Cannabis Control Board, page 5
 5. Home Visiting Rule, Vermont Department of Health, page 6
 6. STep Ahead Recognition System (STARS) Rules, Department for Children and Families, page 7
 7. Privacy of Consumer Financial and Health Information, Department of Financial Regulation, page 8
- Other business: Diane Bothfeld noted her upcoming retirement from the State of Vermont this month and therefore this was her last ICAR meeting.
- 3:32 PM meeting adjourned.

Proposed Rule: Home Visiting Rule, Vermont Department of Health

Presented By: Natalie Weill

Motion made to accept the rule by Diane Bothfeld, seconded by Jen Mojo, and passed unanimously except for Brendan Atwood who abstained, with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #8: Clarify type of home providers.
 - b. #14: Include details for a virtual option.
2. Economic Impact Analysis, #6: Expand and include any positive economic impacts.

DRAFT

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

Home Visiting Rule

2. ADOPTING AGENCY:

Vermont Department of Health

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Home visiting service providers: The Department anticipates an unquantifiable positive economic impact to Vermont providers. Because the proposed rule streamlines documentation requirements for provider program plans, providers may now provide their services more timely and efficiently. Additionally, current practice among some home visiting providers (i.e.

doulas and lactation consultants) charge families for their services. The impact of promulgating this rule with the requirement that services must be at no cost to families may have unintentionally led to potentially significant consequences for some providers. By removing this requirement allows providers to continue their services without an anticipated economic impact.

Participating families: There is no anticipated economic impact because the rule amendments were made to align current practices. Families participating in home visiting service program administered by the State will continue to be no cost to families.

4. IMPACT ON SCHOOLS:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No anticipated economic impact.

5. ALTERNATIVES: CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.

No anticipated economic impact.

6. IMPACT ON SMALL BUSINESSES:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

No anticipated economic impact.

7. SMALL BUSINESS COMPLIANCE: EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.

Given there will be no impacts to small businesses, those alternatives have not been considered.

8. COMPARISON:

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

Without the amendments, the impact of promulgating this rule with the requirement that services must be at no cost to families may have unintentionally led to

potentially significant consequences for some small businesses. Removing this requirement allows providers to continue their services without an anticipated economic impact.

9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
The Department provided all relevant information available.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

Home Visiting Rule

2. ADOPTING AGENCY:

Vermont Department of Health

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

No impact is anticipated.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*

No impact is anticipated.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

No impact is anticipated.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*

No impact is anticipated.

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

No impact is anticipated.

8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

No impact is anticipated.

9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

Because there is no anticipated impact, this is sufficient.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

Home Visiting Rule

2. ADOPTING AGENCY:

Vermont Department of Health

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

A public hearing was held.

The rule is posted on the Department of Health website:
<https://www.healthvermont.gov/laws-regulations/laws/public-comment>

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

The Department had extensive stakeholder engagement with Good Beginnings of Central Vermont, The Heart Program of Franklin County/ Grand Isle Region, all fifteen Parent Child Centers in Vermont, the Visiting Nurses Association of Vermont, Head Start and Early Head Start, the Children Integrated Services Coordinators Group, the Home Visiting Alliance, and the Department for Children and Families.

Public Comment Responsiveness Summary for the Home Visiting Rule

The Department of Health (Department) held a public hearing for the proposed Home Visiting Rule on March 14, 2023, in Burlington, Vermont with a call-in option via Microsoft Teams. Written comments were accepted through March 21, 2023. The following is a summary of comments received from the public and the Department's response to each comment. Comments of a similar or consistent nature have been consolidated and responded to accordingly.

- 1. Comment:** A commenter recommended that the rule be amended to require providers to obtain the consent of the participating family in order to refer them to CIS and/or Help Me Grow.

Response: The Department agrees that requiring participant consent in order to make a referral on their behalf is appropriate and amended Section 5.10.1 of the rule accordingly. Section 5.10.1 states: "With consent from the participant, home visiting service providers shall make a referral to Children's Integrated Services (CIS) and/or Help Me Grow for any family they are unable to serve."

- 2. Comment:** A commenter noted that the referral requirement in Section 5.10.1 may cause "cyclical referrals" if the original home visiting service provider was a CIS or Help Me Grow provider, potentially causing an unintended looped referral back to the same provider who already determined they were unable to meet the family's need.

Response: While the potential for cyclical referrals exists, the referral requirement in Section 5.10.1 serves a critical purpose to help ensure families are provided with linkages to services.

- 3. Comment:** Commenters recommended amending the provider training requirement to "FERPA or HIPAA" rather than "FERPA and HIPAA" because the Family Educational Rights and Privacy Act (FERPA) is not applicable to some providers.

Response: The Department agrees and has amended Section 5.8.2.4.1 accordingly.

- 4. Comment:** Several commenters recommended amending the definitions of "home visiting services" and "home visiting service providers" to distinguish these services and providers regulated under this rule. Commenters also recommended distinguishing home visiting services from medically necessary, intermittent, skilled home health services and making clear that these medically necessary skilled home health services are not regulated under this rule.

Response: The Department amended the definition of "home visiting services" and "home visiting service providers" to better clarify the terms to the following:

"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 service or services, that improves parental 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 service provider" and "Provider" means the individual, entity, or organization providing home visiting services as defined in this rule."

The Department also amended Section 3.0 defining the scope of the rule, making explicit that the rule does not apply to entities when they are providing medically necessary, intermittent, skilled home health services provided by Medicare-certified home health agencies of the type covered under Title XVIII (Medicare) or XIX (Medicaid) of the Social Security Act. The amendments made to these definitions and the amendment made to Section 3.0, Scope, serves to distinguish home visiting services and home visiting providers in the rule to encompass the complex network of providers that deliver home visiting services in Vermont and make clear that home health services do not fall under the scope of this rule.

5. **Comment:** A commenter recommended that Section 6.0 regarding eligibility for funding should be amended to clarify that any home health agency that delivers home visiting services should not be prohibited from applying to the Department for funding.

Response: The Department has amended this section to the following: “Home visiting service providers shall have the organizational capacity to provide the services described in this rule. Grants/Contracts will be awarded dependent on the availability of funds and the needs of those receiving services as determined by the Department.”

6. **Comment:** Some commenters noted that the requirement to provide services at no cost to families in Section 4.2 might have significant impacts on some home visiting providers who currently charge clients for their services and recommended that the Department “ensure that the rule leaves flexibility where appropriate for payment when services are provided outside of a grant.” A commenter also questioned whether this requirement would restrict a provider’s ability to bill Medicaid.

Response: The Department understands that the impact of promulgating this rule with the requirement that services must be at no cost to families may have unintentionally led to potentially significant consequences for some home visiting service providers. Accordingly, this requirement has been removed from the rule. While most home visiting services are provided through State funding, which will remain at no cost to families, the amendment will allow independent providers to continue to provide their services at a fee for service. Protections have been added to ensure that independent providers that charge fees, make fees explicit before services are rendered. Finally, the rule does not affect providers’ ability to bill Medicaid for their services, when applicable.

7. **Comment:** Some commenters recommended that the Department pause rulemaking until the Manual of Vermont Home Visiting Program Standards is published for stakeholders to review both documents, the Rule and the Manual comprehensively.

Response: The Department shared a draft of the Manual with these (and other) stakeholders, who indicated their support for the draft Manual and for this rulemaking.

8. **Comment:** A commenter recommended the definitions for ‘home health agency’ and ‘home health services’, include the relevant statutory citation.

Response: Given the revisions to the Scope in Section 3.0, these terms are no longer necessary in the Rule and have been removed.

9. **Comment:** A commenter requested that the Rule be amended to exempt home visiting service providers who are contracted by the Department from the requirement to document a program plan (Section 5.7) because, “these requirements should be satisfied by the requirements of a grant agreement.”

Response: The program plan required by Section 5.7 of the proposed rule establishes minimum

documentation requirements that the Department believes are appropriate for all home visiting service providers, regardless of the status of any grant agreements.

10. Comment: A commenter asked, “What effort is being made to inform these many other agencies and service providers of this rule?”

Response: In addition to the rulemaking notice requirements per 3 V.S.A. § 839, the Department has conducted extensive outreach to stakeholders, including to Good Beginnings of Central Vermont, The Heart Program of Franklin County/ Grand Isle Region, all fifteen Parent Child Centers in Vermont, the Visiting Nurses Association of Vermont, Head Start and Early Head Start, the Children Integrated Services Coordinators Group, and the Home Visiting Alliance. The Department also held a public hearing on this rule, and will continue to work with the provider networks to inform stakeholders about this rule update.

11. Comment: A commenter recommended fixing a typographical error in Section 5.8.2.4.2 in the proposed rule in the acronym “HIPAA”.

Response: The typographical error has been fixed. Accordingly, the following change was made to Section 5.8.2.4.2:

“5.8.2.4.2. Health Insurance Portability and Accountability Act (~~HIPPA~~HIPAA).”

12. Comment: A commenter stated that “The VNAs of Vermont appreciates and supports the intent of clarifying the Home Visiting Rule to best reflect the actual practice of care delivery, and to differentiate the services regulated by the rule and the services regulated by other areas of Vermont law, such as skilled medical care delivered in the home, by home health agencies.”

Response: The Department acknowledges the comment.



TO: Natalie Weill, Vermont Department of Health
FROM: Eric Covey, VNAs of Vermont
DATE: March 21, 2023
RE: Public Comments on the Proposed Home Visiting Rule Amendment

Dear Natalie Weill,

The member agencies of VNAs of Vermont provide a full range of high-quality, low-cost home health and hospice services to the people of Vermont, as well as maternal childcare and home visiting services.

Below you will find public comments from VNAs of Vermont on the proposed amendment to the Home Visiting Rule (Act 66 of 2013).

Summary

VNAs of Vermont appreciates and supports the intent of clarifying the Home Visiting Rule to best reflect the actual practice of care delivery, and to differentiate the services regulated by the rule and the services regulated by other areas of Vermont law, such as skilled medical care delivered in the home by home health agencies.

Please find full comments on the text of the proposed Home Visiting Rule amendment below.

We ask that the Department of Health (“the Department”) pause the rulemaking process for the amendment pending publication of the Manual of Vermont Home Visiting Program Standards (“the Manual”), so that both documents may be considered comprehensively.

VNAs of Vermont cannot support a rule requiring adherence to criteria or practice outlined in a manual, without review of the content of the manual, including those criteria, practices, guidance, or standards.

Once written, the Manual and proposed rule amendment could be considered in their totality.

We appreciate the Department’s stakeholder engagement in the rulemaking process and urge the Department to implement a stakeholder process for revision of the Manual as well (if one is not already planned) to ensure that its contents best reflect current care standards and the reality of care delivery.

Comments on Proposed Rule Language and Content

Section 2.0

For clarity, this section should explicitly notate that the rule does not apply to skilled nursing for pregnant, postpartum, and pediatric patients that receive services through home health agencies.

Section 3.0

Section 3.0 Definitions should be rewritten to explicitly differentiate between home visiting services and other services delivered in the home by home health agencies, without precluding home health agencies from future funding.

We support the intent to ensure that the Home Visiting Rule applies only to the delivery of home visiting services and does not apply to the provision of other services delivered in the home by home health agencies and staff.

As written, the definitions language (specifically, Sections 3.5, 3.6, 3.7, and 3.8) is confusing. Please find our suggestions below.

Sections 3.5 and 3.6

Since the proposed rule seeks to incorporate the statutory definitions for “home health agency,” and “home health services,” it would be preferable to cite to the specific statutory provisions, replacing Sections 3.5 and 3.6 with the following:

3.5. “Home health agency” is defined by 33 V.S.A. § 6302(2).

3.6. “Home health services” is defined by 33 V.S.A. § 6302(3).

Section 3.7

Section 3.7 contains a minor typo in the final paragraph. We suggest the following edit:

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 **not** include home health or hospice services.

Section 3.8

The proposed definition of “home visiting services provider” could be clearer if it specifically identifies the agencies that the service is being performed on behalf of, and the verb tense is consistent with identifying

the entity that is currently furnishing a home visiting service as opposed to defining a provider type that exclusively provides visiting services.

In addition, the reference to home health agencies, as drafted, could be misinterpreted to exclude home health and hospice agencies from the definition of home visiting service provider. Whereas we believe, the intent is to limit the rule's application to only those instances where the home health agency is specifically providing a home visiting service, and suggest replacing Section 3.8 with the following:

3.8. "Home visiting services provider" and "Provider" means the entity or organization that provides providing home visiting services on behalf of the Department of Health and/or the Department for Children and Families. Home visiting services provider does not include home health agencies or hospice except where the home health agency is specifically providing a home visiting service.

Section 4.0

It is important that the amendment to the Home Visiting Rule does not contain any new or additional requirements beyond those existing currently.

Section 4.2

Section 4.2 raised the following question from a VNAs of Vermont member agency:

"In Section 4.2, the intent and verbiage of this should be aligned with future changes in billing for services. It is our understanding there is an effort underway to allow Medicaid billing for the Strong Families Sustained Nurse Home Visiting program, which would fall under this rule. Would this statement still hold true if insurance is billed?"

We recommend that the Department clarify this issue and ensure that the rule leaves flexibility where appropriate for payment when services are provided outside of a grant.

Section 4.7

Most home visiting services provided by home health agencies fall under the purview of grants with the state.

The Section 4.7 requirements should be satisfied by the requirements of a grant agreement, thus the rule should explicitly state if a grant agreement contains the adequate documentation as required by the rule, the grant agreement requirements and reporting will be satisfactory and no additional documentation will be required by home health agencies performing home visiting services.

Section 4.8

The confidentiality practices of 4.8.2.4 should be changed to "or" rather than "and" as not all providers work with the Family Educational Rights and Privacy Act (FERPA). As healthcare providers, the Health Insurance Portability and Accountability Act (HIPAA) is the privacy law home health agencies work with.

Section 4.9

Section 4.9 references the Manual of Vermont Home Visiting Program Standards. As per prior comment, we believe that the Home Visiting Rule amendment should not move forward until it can be reviewed in parallel with the completed Manual rewrite, which should be done with stakeholder input.

Section 4.10

How would the referral requirements of 4.10.1 apply if the original referral to a home health agency for home visiting services is from CIS or Help Me Grow? Clarifying language may be needed to avoid cyclical referral.

Section 5.0

If Section 3.8 is not changed as per our recommendation above, Section 5.0 language should make clear that home health agencies are eligible for future funding for providing home visiting services.

Conclusion

Thank you for the opportunity to provide comments on the proposed amendment to the Home Visiting Rule. Vermont families deserve high quality care at home, and VNAs of Vermont applauds the Department's intent to clarify and align the rule with the clinical and practical process by which care is provided.

Sincerely,

Eric Covey
Director of Communications, Policy and Regulatory Affairs
VNAs of Vermont

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RE: Public Comments on Proposed Home Visiting Rule Amendment (VNAs of Vermont)

Office of the Commissioner
108 Cherry Street, Suite 301, Burlington, VT 05402

Direct: 802-863-7312

From: Eric Covey <eric@vnavt.org>
Sent: Tuesday, March 21, 2023 4:40 PM
To: Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>
Cc: AHS - VDH Rules <AHS.VDHRules@vermont.gov>
Subject: RE: Public Comments on Proposed Home Visiting Rule Amendment (VNAs of Vermont)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Hello Natalie,

I have received two additional comments from a member, which I am passing along, below:

“1) The rule needs to define the services and agencies beyond Home Health Agencies, since Home Health Agencies are not the exclusive agencies providing these services. For example, Children’s Integrated Services and Parents as Teachers are provided by a number of different agencies. Also, there are a number of additional services that will fall under this rule such as the “Heart” program and a number of private home visitors, such as lactation counselors.”

“2) What effort is being made to inform these many other agencies and service providers of this rule?”

I look forward to any response or clarification to these comments and questions that I can pass along to my member and the other VNAs of Vermont member agencies.

With appreciation,

Eric

Eric Covey (he/him)
Director of Communications, Policy and Regulatory Affairs
(802) 825-8789 (mobile)



From: Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>

RE: The Home Visiting rule revised, Link to public comment and time period.

Heather Wilson <Heather.Wilson@ncssinc.org>

Thu 2/9/2023 3:59 PM

To: Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>

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Thank you very much.

Heather Wilson, M.A. (she/her pronouns)
Licensed Psychologist-Master
Early Childhood Support Team Leader
Adult Outpatient Therapist
Parent Child Center of
Northwestern Counseling & Support Services (NCSS)
20 Mapleville Depot Road
St. Albans, Vermont 05478
Phone: (802) 528-2515
Fax: (802) 524-1126
heather.wilson@ncssinc.org

From: Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>

Sent: Thursday, February 9, 2023 3:39 PM

To: Heather Wilson <Heather.Wilson@ncssinc.org>; White, Maria <Maria.White@vermont.gov>

Subject: Re: The Home Visiting rule revised, Link to public comment and time period.

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Hi Heather:

Thank you very much for your comments. I plan to compile and respond to all the comments we receive from stakeholders and publish them on [our website, linked here](#), after the public comment period closes on 3/21/23- our response to comments typically takes around 2-3 weeks after the comment period closes. Our responses to each comment will be found in the "The LCAR Home Visiting Filing Forms" packet on our website.

The home visiting program is actively working on drafting a new manual. The current, but outdated manual is attached here.

I want to make sure you are aware that the public hearings is now on 3/14/23. [You can view the details here](#).

Thanks and please let me know if you have further questions/concerns/feedback.

Best,

Natalie

Natalie Weill RN, MPA | [she/her](#)

Public Health Policy Advisor | Department of Health
Office of the Commissioner
108 Cherry Street, Suite 301, Burlington, VT 05402

Direct: 802-863-7312



From: Heather Wilson <Heather.Wilson@ncssinc.org>
Sent: Thursday, February 9, 2023 3:05 PM
To: White, Maria <Maria.White@vermont.gov>; Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>
Subject: RE: The Home Visiting rule revised, Link to public comment and time period.

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Hi,

Can you provide me with a copy of the Manual of Vermont Home Visiting Program Standards?

4.10.1 we are not allowed to refer families to other services without their permission; this item states a referral to CIS or Help Me Grow is required for families we do not serve; in many instances, the home visiting service is CIS

4.8.2.4.1 FERPA is not applicable to some organizations; change to FERPA and/or HIPAA

4.8.2.4.2 there is a typo in the HIPAA acronym

Sincerely,

Heather Wilson, M.A. (she/her pronouns)
Licensed Psychologist-Master
Early Childhood Support Team Leader
Adult Outpatient Therapist
Parent Child Center of
Northwestern Counseling & Support Services (NCSS)
20 Mapleville Depot Road
St. Albans, Vermont 05478
Phone: (802) 528-2515
Fax: (802) 524-1126
heather.wilson@ncssinc.org

From: White, Maria <Maria.White@vermont.gov>
Sent: Friday, January 6, 2023 9:12 AM
To: Kerri Beebe <kerri@winstonprouty.org>; Brown-EXT, Ashley <abrown@lamoillefamilycenter.org>; Wheeler, Alison <alison@winstonprouty.org>; Heather Wilson <Heather.Wilson@ncssinc.org>; Liza Boyle <Liza.Boyle@ncssinc.org>; Rose, Sarah <sarahr@sapcc-vt.org>; King, Sara <sara.king@vnahrs.org>; Gallagher-EXT, Jeanine <janineg@fcwcvt.org>; Bailey, Donna <dbailey@addisoncountypcc.org>; Maguire-EXT, Anna <amaguire@nekavt.org>; Zopf, Becky <coordinator@chittendencis.org>; Ferrada, Joseph <josephf@fcwcvt.org>; Learey, Chloe <chloe@winstonprouty.org>; Wallace, Kelly <KellyW@the-family-place.org>; Belville, Kelly <kbelville@sunrisepcc.com>; 'Braman, Monique' <monique@orangecountypcc.org>; Trombley, Lindsey <lindsey@orangecountypcc.org>; Amy Johnson <Amy.Johnson@ncssinc.org>; Bloomfield, Nancy <[\[https://outlook.office365.com/mail/deepink?nonoutv2=1&version=20230303006_07&view=print\]\(https://outlook.office365.com/mail/deepink?nonoutv2=1&version=20230303006_07&view=print\)](mailto:nancyb@the-</p></div><div data-bbox=)

Re: Home Visiting Rule Comment

Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>

Fri 2/10/2023 4:00 PM

To: Stephanie S. Mozzer <smozzer@vnhcare.org>

Hi Stephanie:

Thank you very much for your comments. I plan to compile and respond to all the comments we receive from stakeholders and publish them on [our website, linked here](#), after the public comment period closes on 3/21/23- our response to comments typically takes around 2-3 weeks after the comment period closes. Our responses to each comment will be found in the "The LCAR Home Visiting Filing Forms" packet that will be linked on our website once the public comment period ends.

I want to make sure you are aware that the public hearings is now on 3/14/23. [You can view the details here](#).

Thanks and please let me know if you have further questions/concerns/feedback.

Best,
Natalie

Natalie Weill RN, MPA | [she/her](#)
Public Health Policy Advisor | Department of Health
Office of the Commissioner
108 Cherry Street, Suite 301, Burlington, VT 05402
Direct: 802-863-7312



From: Stephanie S. Mozzer <smozzer@vnhcare.org>
Sent: Friday, February 10, 2023 3:57 PM
To: Weill, Natalie (she/her) <Natalie.Weill@vermont.gov>
Subject: Home Visiting Rule Comment

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Hello Natalie,

After reviewing the Home Visiting Rule changes, I would like to offer a few remarks.

1. It seems appropriate to note in the purpose that this rule does NOT apply to skilled nursing for pregnant, postpartum and pediatric patients that receive services through home health agencies.
2. General Requirements: 4.2 Home visiting providers shall offer their services at no cost to families. The intent and verbiage of this should be aligned with future changes in billing for services. It is my understanding there is an effort underway to allow Medicaid billing for Strong Families Sustained Nurse Home Visiting program which would fall under this rule. Would this statement still hold true if insurance is billed?

3. 4.82.4.1. Family Educational Rights and Privacy Act (FERPA) and, should be OR not AND since not all providers work with FERPA. As healthcare providers, the Health Insurance Portability and Accountability Act (HIPAA) is the privacy law we work with. It is also incorrectly abbreviated as HIPPA.

These are minor changes but wanted to get your thoughts.

Thanks,
Stephanie

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To: Senator Mark McDonald, Chair of the Legislative Committee on Administrative Rules
From: Natalie Weill, Public Health Policy Advisor for Vermont Department of Health
Re: Home Visiting Rule
Date: August 3, 2023

Following the filing of the rule for public comment, the Health Department made the following changes to the proposed rule:

The following changes were made based on comments received from stakeholders during the public comment period:

1. Section 3.0, Scope, was added to the Rule to define the entities regulated under this rule. Accordingly, the following text was added to the Rule:

3.0 Scope

3.1 This rule applies to all individuals and entities that provide one or more home visiting service(s) as defined by this rule. Individuals or entities that provide a service that meets one or more parts of the definition of home visiting service(s) shall be regulated under this rule.

3.2 This rule does not apply to entities when they are providing medically necessary, intermittent, skilled home health services provided by Medicare-certified home health agencies of the type covered under Title XVIII (Medicare) or XIX (Medicaid) of the Social Security Act.

2. The definition of “Participants” in Section 4.9 was amended for clarity. Accordingly, the following change was made:

4.9 “Participants” means young children, pregnant individuals, postpartum persons, caregivers, and their family members, ~~(as defined by the family)~~, who voluntarily engage with home visitors and participate in home visiting programs.

3. Section 4.2 of the proposed Rule was modified to clarify program practices. Section 5.6 and 5.8.2.5 of the proposed Rule was amended for parity with the above amendment to the definition section. Accordingly, the following change was made:

~~3.2~~ 4.2 “Culturally responsive Cultural sensitivity” means a set of congruent behaviors, attitudes, and practices that enables effective work in cross-cultural



DEPARTMENT OF HEALTH

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.”

4.6 5.6 Home visits shall be conducted in a culturally responsive-sensitive fashion.

4.8.2.5 5.8.2.5 Cultural responsive sensitivity-best practices.

4. The definitions “home health agency” and “home health services” were removed from the rule because Section 3.0 defines the scope of the rule and sufficiently addresses these entities, making these definitions unnecessary. Accordingly, the following change was made:

~~“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 service of nutritionists, dieticians, psychologists, and licensed mental health counselors.~~

~~“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.~~

5. Section 4.5, 4.6, 4.7 of the proposed Rule, was amended for parity with Section 3.0. Accordingly, the following change was made:

4.5 “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 a continuum of service or services, that improves parental 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.~~



DEPARTMENT OF HEALTH

4.6 “Home visiting services provider” and “Provider” means the individual, entity, or organization that provides home visiting services as defined in this rule. Home visiting services provider does not include home health agencies or hospice.

4.7 “Home Visitor” means an individual providing home visiting services. Home visitor does not include individuals providing home health or hospice services.”

6. Section 5.1 of the proposed Rule was amended as follows for clarity and accessibility:

Home visiting service providers shall either adopt a ~~a federally recognized evidence based model~~ U.S. Department of Health and Human Services model eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, or implement home visiting practices and models that are consistent with the guidance included in the Manual of Vermont Home Visiting Program Standards. The Manual can be found on the Department of Health’s website.

7. Section 5.2 of the proposed Rule was amended due to the modified regulatory scope established in Section 3.0. Accordingly, the following change has been made:

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

5.2 Home visiting service providers who charge fee for service shall disclose all fees and charges before services are rendered.

8. Section 5.7.1.7 of the proposed Rule was amended. These requirements are addressed in detail within the Manual. Accordingly, the following change was made:

5.7.1.7 Performance evaluations and quality improvement measures, ~~including mechanisms for tracking funding, utilization, and outcomes for families and children.~~

9. Section 5.8.2.4.1 and 5.8.2.4.2 of the proposed Rule were amended for accuracy. Accordingly, the following change was made:

5.8.2.4.1 Family Educational Rights and Privacy Act (FERPA); and/or
5.8.2.4.2 Health Insurance Portability and Accountability (HIPAA).



DEPARTMENT OF HEALTH

10. Section 5.9.2 and Section 5.10 of the proposed Rule were amended to ensure families receive all referrals appropriate to their care. Accordingly, the following change was made:

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

5.10 Home visiting service providers shall make ~~any necessary~~ referrals, as appropriate, to support family stability and/or self-sufficiency.

11. Section 5.10.1 and 5.10.2 of the Rule were amended to address the practice of family-centered-care. Because referrals are only made with the participant's consent, the following change was made:

5.10.1. ~~With consent from the participant,~~ Home visiting service providers shall make a referral to Children's Integrated Services (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.

~~4.10.1.~~5.10.2. If a provider is unable to serve a participant, and the participant does not give consent to the home visiting service provider to refer to CIS or Help Me Grow, the provider must document the attempt to provide the linkage to services.

12. Section 6.0 of the proposed Rule was amended to align with current program practices. Accordingly, the following change was made:

6.0 ~~Eligibility for Funding~~

6.1 Home visiting service providers shall have the organizational capacity to provide the services described in this rule. Grants/Contracts will be awarded dependent on the availability of funds and the needs of those receiving services as determined by the Department. ~~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.~~

13. The term "home visiting service providers" was amended throughout the Rule.

Chapter 3 – Maternal Child Health
Subchapter 4

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 Scope

3.1. This rule applies to all individuals and entities that provide one or more home visiting service(s) as defined by this rule. Individuals or entities that provide a service that meets one or more parts of the definition of home visiting services shall be regulated under this rule.

3.2. This rule does not apply to entities when they are providing medically necessary, intermittent, skilled home health services provided by Medicare-certified home health agencies of the type covered under Title XVIII (Medicare) or XIX (Medicaid) of the Social Security Act.

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

2.04.0 Definitions

2.1.4.1. “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.

2.2.4.2. “Culturally responsive 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.

2.3.4.3. “Department” means the Vermont Department of Health.

2.4. — “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.

~~2.5. —~~

~~2.6. — “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.~~

~~2.7. —~~

~~“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.~~

~~4.4. —~~

~~2.8. —~~

“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 ~~a~~ continuum of service or services, that improves parental ~~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.~~

~~2.9.4.5.~~

2.10.4.6. — “Home visiting service ~~s~~ provider” and “Provider” means the individual, entity, or organization ~~that~~ providinges home visiting services as defined in this rule. ~~Home visiting services provider does not include home health agencies or hospice.~~

2.11.4.7. — “Home visitor” means an individual providing home visiting services. ~~Home visitor does not include individuals providing home health or hospice services.~~

2.12.4.8. “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.

4.9. “Participants” means young children, pregnant individuals, postpartum persons, caregivers, and their family members, ~~(as defined by the family,)~~ who voluntarily engage with home visitors and participate in home visiting programs.

2.13.

3.05.0 General Requirements

3.1. Home visiting service providers shall either adopt a a federally recognized evidence based model U.S. Department of Health and Human Services model eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, or implement home visiting practices and models that are consistent with the guidance included in the Manual of Vermont Home Visiting Program Standards. The Manual can be found on the Department of Health’s website.

5.1.

3.2.5.2. Home visiting service providers who charge participants fee for service shall disclose all fees and charges before services are rendered.

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

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

3.5.5.4. Home visiting service 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.

3.6.5.5. 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.

3.7.5.6. Home visits shall be conducted in a culturally responsivesensitive fashion.

3.8.5.7. Documentation of Program Plan

3.8.1.5.7.1. 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:

~~3.8.1.1-5.7.1.1.~~ Program goals and expected outcomes;

~~3.8.1.2-5.7.1.2.~~ Program model and design;

~~3.8.1.3-5.7.1.3.~~ Participant enrollment criteria, including enrollment eligibility and duration;

~~3.8.1.4-5.7.1.4.~~ Family intake and outtake methods;

~~3.8.1.5-5.7.1.5.~~ Staffing qualifications, training, and supervision requirements;

~~3.8.1.6-5.7.1.6.~~ Policies regarding the use of volunteer home visitors, if applicable; and

~~3.8.1.7-5.7.1.7.~~ Performance evaluation and quality improvement measures, including mechanisms for tracking funding, utilization, and outcomes for families and children.

~~3.8.1.8-5.7.1.8.~~

3.9.5.8. Service Personnel Policies and Provider Training

~~3.9.1-5.8.1.~~ Home visiting **service** 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.

~~3.9.2-5.8.2.~~ Home visiting **service** 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:

~~3.9.2.1-5.8.2.1.~~ Legal requirements for reporting suspected abuse and neglect;

~~3.9.2.2-5.8.2.2.~~ Outreach and referral procedures and policies;

~~3.9.2.3-5.8.2.3.~~ Home visiting environmental safety and risk mitigation;

~~3.9.2.4-5.8.2.4.~~ **The relevant c**Confidentially practices for health care and social services staff, including:

~~3.9.2.4.1-5.8.2.4.1.~~ Family Educational Rights and Privacy Act (FERPA); **and/or and**

3.9.2.4.2.5.8.2.4.2. Health Insurance Portability and Accountability Act (HIPAA).; and

3.9.2.5.5.8.2.5. Cultural ~~responsiveness~~sensitivity best practices.

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

3.10.5.9. Screening Tools

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

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

3.11.5.10. Home visiting ~~service~~ providers shall make ~~any necessary~~ referrals, as appropriate, to support family stability and/or self-sufficiency.

5.10.1. With consent from the participant, hHome visiting ~~service~~ providers shall make a referral to Children's Integrated Services (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.

3.11.1.5.10.2. If a provider is unable to serve a participant, and the participant does not give consent to the home visiting service provider to refer to CIS or Help Me Grow, the provider must document the attempt to provide the linkage to services.

5.11. Home visiting ~~service~~ providers shall document when a ~~n individual or family~~ participant transitions out of the program and if available, reasons for transition, and transition plans.

6.0 Funding

3.12.6.1. Home visiting ~~service~~ providers shall have the organizational capacity to provide the services described in this rule. Grants/Contracts will be awarded dependent on the availability of funds and the needs of those receiving services as determined by the Department.

DRAFT

~~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. Activities 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.

Eligibility for Funding

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.

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Chapter 3 – Maternal Child Health

Subchapter 4

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 Scope

- 3.1. This rule applies to all individuals and entities that provide one or more home visiting service(s) as defined by this rule. Individuals or entities that provide a service that meets one or more parts of the definition of home visiting services shall be regulated under this rule.
- 3.2. This rule does not apply to entities when they are providing medically necessary, intermittent, skilled home health services provided by Medicare-certified home health agencies of the type covered under Title XVIII (Medicare) or XIX (Medicaid) of the Social Security Act.

4.0 Definitions

- 4.1. “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.
- 4.2. “Culturally responsive” 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.
- 4.3. “Department” means the Vermont Department of Health.

- 4.4. “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.
- 4.5. “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 service or services, that improves parental 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.
- 4.6. “Home visiting service provider” and “Provider” means the individual, entity, or organization providing home visiting services as defined in this rule.
- 4.7. “Home visitor” means an individual providing home visiting services.
- 4.8. “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.
- 4.9. “Participants” means young children, pregnant individuals, postpartum persons, caregivers, and their family members, as defined by the family, who voluntarily engage with home visitors and participate in home visiting programs.

5.0 General Requirements

- 5.1. Home visiting service providers shall either adopt a U.S. Department of Health and Human Services model eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, or implement home visiting practices and models that are consistent with the guidance included in the Manual of Vermont Home Visiting Program Standards. The Manual can be found on the Department of Health’s website.
- 5.2. Home visiting service providers who charge participants fee for service shall disclose all fees and charges before services are rendered.
- 5.3. Home visiting service participation shall be voluntary for families.
- 5.4. Home visiting service 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.

5.5. 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.

5.6. Home visits shall be conducted in a culturally responsive fashion.

5.7. Documentation of Program Plan

5.7.1. 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:

5.7.1.1. Program goals and expected outcomes;

5.7.1.2. Program model and design;

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

5.7.1.4. Family intake and outtake methods;

5.7.1.5. Staffing qualifications, training, and supervision requirements;

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

5.7.1.7. Performance evaluation and quality improvement measures.

5.8. Service Personnel Policies and Provider Training

5.8.1. Home visiting service 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.

5.8.2. Home visiting service 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:

5.8.2.1. Legal requirements for reporting suspected abuse and neglect;

- 5.8.2.2. Outreach and referral procedures and policies;
- 5.8.2.3. Home visiting environmental safety and risk mitigation;
- 5.8.2.4. The relevant confidentiality practices for health care and social services staff, including:
 - 5.8.2.4.1. Family Educational Rights and Privacy Act (FERPA); and/or
 - 5.8.2.4.2. Health Insurance Portability and Accountability Act (HIPAA).
- 5.8.2.5. Cultural responsive best practices.
- 5.8.3. Home visiting service providers shall have programmatic and supervisory policies in place to address potential risks or safety concerns for home visitors.

5.9. Screening Tools

- 5.9.1. Providers shall use evidenced-based screening and assessment tools, as listed in the Manual.
- 5.9.2. Providers shall make referrals to services based on screening and assessment results.
- 5.10. Home visiting service providers shall make referrals, as appropriate, to support family stability and/or self-sufficiency.
 - 5.10.1. With consent from the participant, home visiting service providers shall make a referral to Children's Integrated Services (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.
 - 5.10.2. If a provider is unable to serve a participant, and the participant does not give consent to the home visiting service provider to refer to CIS or Help Me Grow, the provider must document the attempt to provide the linkage to services.

5.11. Home visiting service providers shall document when a participant transitions out of the program and if available, reasons for transition, and transition plans.

6.0 Funding

6.1. Home visiting service providers shall have the organizational capacity to provide the services described in this rule. Grants/Contracts will be awarded dependent on the availability of funds and the needs of those receiving services as determined by the Department.

No. 66. An act relating to home visiting standards.

(S.156)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. PURPOSE

In recognition of the significant positive contribution that home visiting services make with regard to enhancing family stability, family health, and child development; fostering parenting skills; reducing child maltreatment; promoting social and emotional health; improving school readiness; and promoting economic self-sufficiency, the General Assembly seeks to ensure that home visiting services to Vermonters are of the highest quality by establishing standards for their administration, delivery, and utilization review that foster the contributions of diverse practice models.

Sec. 2. RULEMAKING

(a) As used in this section, “home visiting services” means regular, voluntary visits with a pregnant woman 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.

(b) The Secretary of Human Services, in consultation with interested providers and other stakeholders, shall develop rules establishing standards for

the delivery of home visiting services throughout Vermont to be adopted by the Secretary on or before July 1, 2014.

(c) In developing standards for the delivery of home visiting services, the Secretary shall be guided by best family-centered and family-directed practices and evidence-based models. The standards adopted by rule shall address the following:

(1) creation of a system of home visiting services that can respond to diverse family needs;

(2) service provider training and supervision;

(3) a structure for coordinating services at the state and local levels with respect to outreach efforts, family intake methods, referrals, and transitions;

(4) access to supports, resources, and information to address short- and long-term family needs;

(5) criteria identifying which home visiting models and home visiting programs are eligible for funding;

(6) the contributions of organizations that use trained volunteers; and

(7) performance evaluation and quality improvement measures, including mechanisms for tracking funding, utilization, and outcomes for families and children at the state, community, and program levels.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.

Date the Governor signed the bill: June 3, 2013



Proposed Rules Postings

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Deadline For Public Comment

Deadline: Mar 21, 2023

Please submit comments to the agency or primary contact person listed below, before the deadline.

Rule Details

Rule Number:	23P003
Title:	Home Visiting Rule.
Type:	Standard
Status:	Proposed
Agency:	Department of Health, Agency of Human Services
Legal Authority:	Act 66 of 2013, § 2(b).
Summary:	This rulemaking does the following: 1) Updates the rule to reflect current practices and program management. 2) Clarifies the services regulated under this rule. 3) Consolidates and moves recommendations from the existing rule, into The Manual of Vermont Home Visiting Program Standards, a supplemental resource for home visiting service providers. 4) Simplifies the required documentation and program plan process for home visiting service providers. 5) Updates employee and volunteer hiring standards by requiring comprehensive orientation to new home visiting providers within the first six months of the date of hire. 6) Ensures all screening tools used by home visiting providers are evidence-based. 7) Reorganizes the requirements of home visiting providers for clarity.
Persons Affected:	Department for Children and Families Vermont Department of Health Division of Maternal and Child Health Vermont home visiting service providers.

An unquantifiable cost-savings is anticipated for home visiting service providers. The proposed changes remove the requirement that Department staff must review and approve the documentation of program plan prepared by home service providers before providers may deliver services to families in Vermont. The removal of this administrative requirement does not diminish the quality of home visiting services due to existing federal regulations and required standards for home visiting service providers in the Manual of Vermont Home Visiting Standards. There may be cost-savings for the State associated with a more efficient and streamlined documentation and review processes, however, it is not quantifiable. No new or additional costs are anticipated.

Economic Impact:

Posting date:

Feb 08,2023

Hearing Information

Information for Hearing # 1

Hearing date: 03-14-2023 11:00 AM [ADD TO YOUR CALENDAR](#)

Location: Dept. of Health

Address: 108 Cherry Street, Conference Room 2C

City: Burlington

State: VT

Zip: 05401

Hearing Notes: Also available virtually via MS Teams at: https://teams.microsoft.com/l/meetupjoin/193ameeting_YTA3MGFIzGQtNDE4My00N2Y4LWFjNDctNTJhNGJiOWYyZjkz40thread.v2/0?context7b22Tid223a2220b4933b-baad-433c-9

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level: Primary
Name: Natalie Weill
Agency: Department of Health, Agency of Human Services
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City: Burlington
State: VT
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Telephone: 802-863-7280
Fax: 802-951-1275
Email: ahs.vdhrules@vermont.gov

[SEND A COMMENT](#)

Website Address: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>

[VIEW WEBSITE](#)

Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

Level: Secondary
Name: David Englander
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Address: 108 Cherry Street
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[SEND A COMMENT](#)

Keyword Information

Keywords:

Home Visiting
Home Visiting Providers
Child
Children
Maternal and Child Health

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The Caledonian Record Julie Poutré (adv@caledonian-record.com)	Tel: 748-8121 FAX: 748-1613
Times Argus / Rutland Herald Melody Hudson (classified.ads@rutlandherald.com) Elizabeth Marrier elizabeth.marrier@rutlandherald.com)	Tel: 802-747-6121 ext 2238 FAX: 802-776-5600
The Valley News (advertising@vnews.com)	Tel: 603-298-8711 FAX: 603-298-0212
The Addison Independent (legals@addisonindependent.com)	Tel: 388-4944 FAX: 388-3100 Attn: Display Advertising
The Bennington Banner / Brattleboro Reformer Lylah Wright (lwright@reformer.com)	Tel: 254-2311 ext. 132 FAX: 447-2028 Attn: Lylah Wright
The Chronicle (ads@bartonchronicle.com)	Tel: 525-3531 FAX: 525-3200
Herald of Randolph (ads@ourherald.com)	Tel: 728-3232 FAX: 728-9275 Attn: Brandi Comette
Newport Daily Express (jlafoe@newportvermontdailyexpress.com)	Tel: 334-6568 FAX: 334-6891 Attn: Jon Lafoe
News & Citizen (mike@stowereporter.com) Irene Nuzzo (irene@newsandcitizen.com and ads@stowereporter.com removed from distribution list per Lisa Stearns.	Tel: 888-2212 FAX: 888-2173 Attn: Bryan
St. Albans Messenger Ben Letourneau (ben.letourneau@samessenger.com)	Tel: 524-9771 ext. 117 FAX: 527-1948 Attn: Ben Letourneau
The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter

FROM: APA Coordinator, VSARA

Date of Fax: February 7, 2023

RE: The "Proposed State Rules " ad copy to run on

February 16, 2023

PAGES INCLUDING THIS COVER MEMO:

2

***NOTE* 8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at <https://secure.vermont.gov/SOS/rules/>. The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Rules Governing Medication-Assisted Treatment for Opioid Use Disorder.

Vermont Proposed Rule: 23-E01

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: On December 29, 2022, Congress eliminated the federal requirement for healthcare providers who dispense medication for substance use disorder to obtain an "X Waiver" prior to dispensing buprenorphine and ended the program that issued those waivers. However, the legislation does not impact current state regulations; the current Vermont Medication Assisted Treatment (MAT) regulations still require providers to obtain this X Waiver (which is no longer obtainable) in order to dispense buprenorphine to treat substance use disorder. This emergency rule eliminates the X Waiver requirements. Doing so will ensure Vermont's MAT regulations do not inhibit access to MAT providers by those in need.

FOR FURTHER INFORMATION, CONTACT: Brendan Atwood, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05402 Tel: 802-863-7280 Fax: 802-951-1275 Email: ahs.vdhrules@vermont.gov URL: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>.

FOR COPIES: David Englander, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-863-7280 Fax: 802-951-1275 Email: ahs.vdhrules@vermont.gov.

Home Visiting Rule.

Vermont Proposed Rule: 23P003

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: This rulemaking does the following: 1) Updates the rule to reflect current practices and program management. 2) Clarifies the services regulated under this rule. 3) Consolidates and moves recommendations from the existing rule, into The Manual of Vermont Home Visiting Program Standards, a supplemental resource for home visiting service providers. 4) Simplifies the required documentation and program plan process for home visiting service providers. 5) Updates employee and volunteer hiring standards by requiring comprehensive orientation to new home visiting providers within the first six months of the date of hire. 6) Ensures all screening tools used by home visiting providers are evidence-based. 7) Reorganizes the

requirements of home visiting providers for clarity.

FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05402 Tel: 802-863-7280 Fax: 802-951-1275 Email: ahs.vdhrules@vermont.gov URL: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>.

FOR COPIES: David Englander, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-863-7280 Fax: 802-951-1275 Email: ahs.vdhrules@vermont.gov.
