

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 a fee for service shall disclose all fees and charges before services are rendered.
- 5.3. Home visiting service participation shall be voluntary for participants.
- 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 in the Vermont Adult Abuse Registry or the Vermont Child Protection Registry.

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 confidentially 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. Culturally 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, the reasons for the 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.