

DIVISION **52545**

SYSTEMS AND PROGRAM OPERATIONS

Healthy **Families OregonStart**

423-045414-525-0005

Authority

These rules are promulgated pursuant to ORS 417.705 through 417.797.

Stat. Auth.: ORS 417.705 - 417.797

Stats. Implemented:

Hist.: OCCF 1-2002, f. & cert. ef. 1-14-02; OCCF 2-2007, f. & cert. ef. 2-16-07 thru 8-15-07

423-045414-525-0010

Purpose

The purpose of these rules is to assist counties in the implementation and operation of Healthy **StartFamilies Oregon** program services. The Healthy **Families Start** program seeks to ensure healthy, thriving children and strong, nurturing families by offering a range of voluntary and non-stigmatizing services ranging from universal basic short-term services to long-term intensive home visiting for high risk families. Healthy **FamiliesStart** offers these services in and around the time of birthprenatally and at the time of birth, targeting first-birthhigh risk families at a minimum. Healthy **Families Start** services follow evidence-based practices designed to achieve appropriate early childhood benchmarks, following the Healthy Families America model. These rules are the minimum standards for the establishment, operations, evaluation, and funding of Healthy **Families Start** program services under ORS 417.795.

Stat. Auth.: ORS 417.705 - 417.797

Stats. Implemented: ORS 417.705 - 417.797

Hist.: OCCF 1-2002, f. & cert. ef. 1-14-02; OCCF 1-2004, f. & cert. ef. 9-15-04; OCCF 2-2007, f. & cert. ef. 2-16-07 thru 8-15-07

423-045414-525-0015

Program Restrictions

(1) Systems Requirements:

(a) Healthy **StartFamilies** services will be consistent with the local early childhood system planning.

(b) Healthy **StartFamilies** programs will collaborate with local health departments home visiting partners within the context of the statewide home visiting system as a part of the voluntary local early childhood, other providers of prenatal and perinatal services, and the Local Commission to system, to identify and build upon existing services for families and to prioritize additional services if needed (i.e.: mental health, drug and alcohol, and early intervention). If collaboration does not occur, the Department of Human Services and the Agency will provide technical assistance to promote improved collaboration.

(c) Healthy **StartFamilies** programs actively participate in local community efforts to implement the early childhood system of supports and services towards the achievement of desired outcomes, working to maximize the effective use of available resources and to avoid to avoid duplication of services.

(d) Local Commissions contracted agencies are not required to engage in a competitive bidding process, unless required by local policy, to select providers for Healthy **StartFamilies** services each biennium. Local Commissions contracting agencies may conduct a competitive or collaborative funding process when significant deficits in program operations and services are found or when changes in the stability of service delivery systems present new options for these services.

(2) Age: Children ages prenatal through five-three and their families.

(3) Service Area: Provide funding for voluntary family support services, including but not limited to screening and follow-up services such as resource referral, further assessment, and intensive home visiting provided by highly trained home visitors organized in teams and supervised by a program manager and supervisor following the Healthy Families America model.

(4) Program Requirements:

(a) ~~Through June, 2005, New~~ Healthy [StartFamilies](#) Programs will make progress toward full compliance with ORS 417.795 as operationalized by the ~~2004~~ Healthy [StartFamilies](#) Implementation Manual: Statewide Program Policies and Procedures. All Healthy [StartFamilies](#) programs are required to be in full compliance ~~by July, 2005~~within one year of program start up.

NOTE: Copies of the Healthy Families America model best practice standards and of the Healthy [StartFamilies Implementation Program Policy and Procedure](#) Manual are available from the Agency ~~and online~~.

(b) Programs will develop site specific procedure manuals to further specify local program operations. Local procedure manuals will be submitted to the Agency at intervals specified by the Agency.

(c) Services provided by Healthy [StartFamilies](#) program are voluntary. Service providers will obtain express written consent before any services are offered.

(d) Local Healthy [StartFamilies](#) programs will assure that parents have given express written consent prior to any release of information.

(e) Healthy [StartFamilies](#) program services will not be a part of a mandated plan for families. Mandated plans include plans developed by the Department of Human Services Self Sufficiency and Child Welfare services.

(f) Local Healthy [StartFamilies](#) Programs will:

(A) Participate in the independent statewide program evaluation;

(B) Participate in statewide training for program managers, supervisors, family support workers and home visitors, visitors and screening staff and family assessment workers;

(C) Participate in quarterly annual meetings and trainings for program managers and supervisors;

(D) Meet statewide and local early childhood system quality assurance standards;

(E) Participate in the Healthy Families America site self-assessment, as part of ongoing quality assurance;

(F) Ensure that voluntary home visiting services through Healthy [StartFamilies](#) are coordinated with home visiting services offered by the ~~local health department and other programs~~voluntary local early childhood system.

(5) Program Budget Requirements:

(a) All programs are required to participate in federal Medicaid (Title XIX) Administrative Claiming, following program procedures provided by the Agency.

(A) Medicaid earnings, except as described in 423-010-0023(3), must be used to maintain or expand Healthy [StartFamilies](#) program core services, as defined in the Healthy [StartFamilies](#) Program Implementation Policy and Procedure Manual.

(B) Programs will report on the use of their Medicaid (Title XIX) funds to the Agency at intervals specified by the Agency.

(C) All program staff will attend training provided by the Agency prior to participation in Medicaid (Title XIX) Administrative Claiming and annually thereafter.

(b) Local programs will demonstrate a ~~205~~ percent local match with at least 5% being cash or cash equivalent as part of the base operating budget of their programs. Match will be reported to the Agency at the intervals specified by the Agency. This leverage may be in any combination of cash, cash equivalent, in-kind or volunteer hours.

(c) The ~~Local Commission~~contracting agency will monitor the local Healthy [StartFamilies](#) programs to ensure fiscal and programmatic integrity.

(d) If, for any reason, a current provider stops providing contracted services prior to the end of the contract, the ~~Local Commission~~local contracting agency will notify the Agency 45 days prior to signing a new provider contract so that the Agency can provide program specific training and technical assistance. The ~~Local Commission~~local contracting agency and the Agency may mutually agree to a notice period of less than 45 days if necessitated by specific local circumstances.

(e) The Agency will manage the Title XIX Medicaid Administrative Claiming program in accordance with all state and federal rules and regulations.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 417.705 - 417.797

Stats. Implemented: ORS 417.705 - 417.797

Hist.: OCCF 1-2002, f. & cert. ef. 1-14-02; OCCF 1-2004, f. & cert. ef. 9-15-04; OCCF 2-2007(Temp), f. & cert. ef. 2-16-07 thru 8-15-07; Administrative correction 7-9-08

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