



NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

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ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Universally Offered Newborn Nurse Home Visiting Program

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 07/21/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Public Health Division
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 07/20/2022

TIME: 9:00 AM

OFFICER: Staff

ADDRESS: Microsoft Teams - Video/teleconference call

Due to COVID-19 public meetings are
currently being held remotely

Portland, OR 97232

SPECIAL INSTRUCTIONS:

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NEED FOR THE RULE(S)

The Oregon Health Authority, Maternal and Child Health Section (MCH) is proposing Oregon Administrative Rule (OAR) changes for the Universally offered Newborn Nurse Home Visiting Program. OARs 333-006-0000 through 333-006-1060 will be amended to provide clarity on the criteria for Newborn Nurse Home Visiting services and the use of telehealth.

ORS 433.301 requires the Oregon Health Authority to "design the universal newborn nurse home visiting program to be flexible so as to meet the needs of the communities where the program operates" and "adopt by rule...criteria for universal newborn nurse home visiting services that must be covered by health benefit plans in accordance with ORS 743A.078".

OAR 333-006-0170, which permits the use of telehealth during a public health emergency, will be repealed to align with the end of the Governor-declared COVID-19 public health emergency.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

ORS 433.301 https://www.oregonlegislature.gov/bills_laws/ors/ors433.html

SB 1555 <https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/SB1555/Enrolled>

OHA PHD OAR Chapter 333, Division 6

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=5722>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The rule changes will impact Newborn Nurse Home Visiting Providers and Community Leads, health benefit plans and all families with newborns residing in Oregon.

The Universally offered Newborn Nurse Home Visiting Program aims to promote healthy child development and support all Oregon families of newborns. In Oregon, and throughout the United States, systemic racism within health care and other social institutions has led to large racial and ethnic disparities in access to health care, poor health outcomes, and high mortality rates for women and children of color. Evidence-based home visiting programs can help reduce racial and ethnic health disparities by providing families with screenings, case management, and referrals that address a family's physical, mental, and health-related social needs. There is not yet evidence for Oregon's Newborn Nurse Home Visiting Program, but evidence from other home visiting programs suggest that programs need to culturally tailor home visiting and intentionally target racial equity goals to have greater impact on families of color.

The Family Connects model, which is being used to implement Oregon's Newborn Nurse Home Visiting Program, is an evidence-based approach to supporting all newborns and their families. By reaching all families in a community, Family Connects improves health outcomes at the population level. The proposed changes to the rules will clarify that the criteria for Newborn Nurse Home Visiting services include community coordination, quality assurance and home visiting. These services improve child and family health and well-being at the population level by supporting evidence-based, culturally responsive, community-driven, and anti-racist approaches that build community systems of care and improve health and well-being outcomes for parents of color and their children.

(<https://www.chcs.org/resource/addressing-racial-and-ethnic-disparities-in-maternal-and-child-health-through-home-visiting-programs/>)

Offering a telehealth visit to families that decline a visit in their home maximizes family choice and increases opportunities for all families to receive services. During the COVID19 pandemic, remote options for home visiting have been shown to increase equity through increasing family options for participation. (<https://perigeefund.org/wp->

content/uploads/2021/10/Perigee_Report-Summary.pdf) The Family Connects model currently requires that a virtual visit be offered to families who decline an in-person visit.

The Confederated Tribes of Warm Springs have engaged in some initial planning with the Central Oregon Early Adopter cohort. Over time, the Universally offered Newborn Nurse Home Visiting Program will offer services to all families caring for newborns, including foster and adoptive newborns. This program requires coordination with primary care providers and social service providers. Therefore, the proposed rule changes may impact all tribal health providers and tribal members.

As part of our government-to-government agreements, OHA Tribal Affairs sent a "Dear Tribal Leader Letter" to Oregon's nine federally recognized tribes on May 6, 2022, to invite participation in the Rules Advisory Committee and provide feedback on the rules. MCH has invited participation from culturally specific community-based organizations and home visiting clients in the Rules Advisory Committee. MCH has engaged with impacted communities through a steering committee for the Universally offered Newborn Nurse Home Visiting program.

MCH will engage affected communities through the Rules Advisory Committee and will continue to engage communities via the public comment period. MCH will continue to engage impacted communities as the Program is implemented. MCH will consider future rulemaking as we learn about how the Program impacts various populations.

FISCAL AND ECONOMIC IMPACT:

There is no direct fiscal or economic impact from the proposed amendments to the public. Legislation requires that the Program be offered at no cost to all families of newborns in Oregon. Certified providers seek reimbursement for the costs of services provided to families with newborns from private and public payors. The statute directs health benefit plans to cover the cost of the newborn nurse home visiting services without any cost-sharing, coinsurance or deductible.

Repealing OAR 333-006-0170 will not have fiscal or economic impact because it was only effective during a declared public health emergency.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The Authority has previously addressed the fiscal impact of the statute. There is no additional impact to the Authority as a result of the proposed amendments.

Local Public Health Authorities (LPHAs) and tribes that are home visiting service providers and Early Learning Hubs that are designated community leads would need to comply with the proposed rule amendments. There may be some additional cost to home visiting service providers if the appropriate technology to deliver services by telehealth is not available.

(2)(a) A small number of small businesses may be subject to the proposed rule amendments if they choose to apply for certification as a home visiting services provider. Current home visiting providers are operated by local public health authorities and tribal organizations.

(b) Small businesses may be impacted if they pursue certification as a home visiting services provider. However, there is no requirement that small businesses must pursue certification. There is no additional reporting, recordkeeping or other administrative activities required for compliance as a result of the proposed amendments.

(c) Small businesses may be impacted if they pursue certification as a home visiting services provider. However, there is no requirement that small businesses pursue certification. There is no additional equipment, supplies, labor or increased administration required for compliance as a result of the proposed amendments.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of the rule because we did not anticipate that this rule would impact small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-006-0000, 333-006-0010, 333-006-0020, 333-006-0050, 333-006-0070, 333-006-0080, 333-006-0090, 333-006-0100, 333-006-0110, 333-006-0120, 333-006-0130, 333-006-0140, 333-006-0150, 333-006-0170

AMEND: 333-006-0000

RULE SUMMARY: Amend 333-006-0000 Changes to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0000

Purpose

(1) The purpose of these rules is to establish requirements for a voluntary statewide program for providing newborn nurse home visiting services to all families with newborns residing in the state to support healthy child development and strengthen families. ¶

(2) Newborn nurse home visiting services provided by providers certified under these rules must be reimbursed by health benefit plans as specified in ORS 743A.078.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Revision to definitions of Community Lead, Newborn Nurse Home Visiting Services Provider, Home Visitor, Newborn Nurse Home Visiting Services, Newborn Nurse Home Visiting Program to clarify that services are inclusive of requirements of the community leads and newborn nurse home visiting providers.

CHANGES TO RULE:

333-006-0010

Definitions

- (1) "Authority" means the Oregon Health Authority.¶
- (2) "Carrier" has the meaning given to that term under ORS 743B.005.¶
- (3) "Community" means a geographic region, county, tribe or other group of individuals living in proximity.¶
- (4) "Community lead" means a local public health authority, early learning hub, or tribe that is designated by the Authority to serve as the coordinating entity provide community coordination and quality assurance services in accordance with OAR 333-006-0050 for the newborn nurse home visiting program in a specified community.¶
- (5) "Comprehensive newborn nurse home visit" means a home visit where a comprehensive, defined set of assessments and activities must be completed as described in OAR 333-006-0120.¶
- (6) "Early learning hub" means any entity designated by regional partners to coordinate early learning services, as determined by rules adopted by the Early Learning Council under ORS 417.827.¶
- (7) "Families with newborns" or "families" means all families caring for newborns up to the age of six months, including foster and adoptive newborns.¶
- (8) "Health benefit plan" has the meaning given to that term under ORS 743B.005.¶
- (9) "Newborn nurse home visiting services-provider" or "certified provider" means a person or LPHA certified by the Authority to provide newborn nurse home visiting services in accordance with OAR 333-006-0120.¶
- (10) "Home visitor" means an individual who provides newborn nurse home visiting services on behalf of a newborn nurse home visiting services-provider.¶
- (11) "Identified community" means the community that the community lead is designated to coordinate the newborn nurse home visiting services for.¶
- (12) "Local public health authority" or "LPHA" has the meaning given that term in ORS 431.003.¶
- (13) "Newborn nurse home visiting services" or "services" means the services described in these rules provided to families with newborns means the services required by the Newborn Nurse Home Visiting Program. These services include but are not limited to requirements of the community lead and newborn nurse home visiting providers as described in these rules.¶
- (14) "Other home visiting provider" means a provider of any home visiting services serving pregnant women and families with young children and may include newborn nurse home visiting services providers.¶
- (15) "Newborn Nurse Home Visiting Program" or "program" means the statewide program that families with newborns may voluntarily participate in to receive newborn nurse home visiting services. Newborn nurse home visiting services providers provide home visiting services through the program and community leads coordinate the provision of the program provide community coordination and quality assurance services in the identified community.¶
- (16) "Support newborn home visit" means a home visit to complete defined set of assessments and activities or address a specific nurse or family-identified need.¶
- (17) "These rules" means OAR 333-006-0000 to 333-006-0160.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Changed universal to universally offered to make it clear that the program is voluntary.

CHANGES TO RULE:

333-006-0020

Community Lead Designation

(1) The Authority shall designate one community lead per community.¶

(a) Communities based on geographic areas, including counties, shall have one community lead;¶

(b) Communities may be based on tribal membership and coexist with a community lead designated for the geographic area where the tribal member lives. ¶

(2) The designation of a community lead is effective for up to three years unless withdrawn earlier. ¶

(3) To apply for community lead designation, a LPHA, early learning hub, or tribe must submit to the Authority:¶

(a) A complete application in the format provided by the Authority; and¶

(b) Documentation demonstrating that the applicant shall comply with the requirements in OAR 333-006-0050, including but not limited to:¶

(A) Identification of staff available to implement community lead activities; and¶

(B) Evidence of established partnerships with other home visiting providers in the community, including but not limited to memorandums of agreement; and ¶

(c) If the applicant is an early learning hub, a letter of support from any LPHA in the applicant's proposed identified community. ¶

(d) If the applicant is an LPHA, a letter of support from any early learning hub in the applicant's proposed identified community.¶

(e) Evidence demonstrating that the applicant has initiated planning and implementation activities for a universally offered newborn nurse home visiting services model that has been reviewed by the Administration for Children and Families to meet the U.S. Health and Human Services (HHS) criteria for an evidence-based early childhood home visiting service delivery model. ¶

(4) The application shall describe the identified community that the applicant proposes to serve.¶

(5) The Authority may designate as the community lead a LPHA, early learning hub, or tribe that has been approved by the Authority as an early adopter for Oregon's Universally Offered Home Visiting Initiative without an application being submitted.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

CHANGES TO RULE:

333-006-0050

Community Lead Services Requirements

(1) Community leads must: ¶

(a) Implement a universally offered newborn nurse home visiting services model that has been reviewed by the Administration for Children and Families to meet the HHS criteria for an evidence-based early childhood home visiting service delivery model. ¶

(b) Coordinate with all certified providers in its identified community so that all families with newborns are contacted no later than two weeks after birth of the newborn and offered services. ¶

(c) Develop and implement strategies in collaboration with the Authority to obtain funding to facilitate the provision of newborn nurse home visiting services. ¶

(d) Collaborate with other home visiting providers to integrate newborn nurse home visiting services into the existing services for families in the identified community so that a coordinated system of support is in place. ¶

(e) Maintain a written plan describing how the community lead will comply with subsections (a) through (d) of this section. ¶

(2) Community leads shall maintain, and consider input from, an advisory board that: ¶

(a) Includes stakeholders from the identified community with representation from the following where applicable: parents, medical providers, hospitals, social service providers serving families, WIC, child protective services, early learning hub, tribal leadership, LPHA, Coordinated Care Organizations, insurers that offer health benefit plans, newborn nurse home visiting services providers and other home visiting providers. ¶

(b) Meets at least quarterly and distributes meeting minutes to board members and certified providers in the identified community. ¶

(3) Community leads shall assure local community resources are compiled in a web-based format or printed directory and updated at least quarterly for use by certified providers. ¶

(4) Community leads shall engage in quality assurance activities that include: ¶

(a) A monthly review of data including key performance indicators such as scheduling rate, comprehensive newborn nurse home visit completion rate, follow-up rate, demographic profile of families receiving services, community connections and referrals in the identified community. ¶

(b) A monthly review of feedback from familieNewborn Nurse Home Visiting Program participants in the identified community ~~receiving services~~ using standardized methodology. ¶

(c) Monitoring program reach in the identified community measured by the ratio of number of completed comprehensive newborn nurse home visits to total births in the identified community taking into consideration the number of births served by other home visiting providers. ¶

(5) Community leads shall provide the Authority access to data for program monitoring and evaluation in a manner and format designated by the Authority. ¶

(6) Community leads shall work with the Authority to address quality improvement needs. ¶

(7) Community leads shall submit the following de-identified data electronically to the Authority in a manner and format designated by the Authority on a quarterly basis: ¶

(a) The number of infants born during the previous quarter who reside in the identified community; ¶

(b) For each certified provider in the identified community: ¶

(A) The scheduling rate; ¶

(B) Comprehensive newborn nurse home visit completion rate; ¶

(C) Follow-up rate; ¶

(D) Demographic profile of families receiving newborn nurse home visiting services; ¶

(E) Community connections and referrals; ¶

(F) Feedback from families and referral partner feedback; and ¶

(c) Any other data identified by the Authority. ¶

(8) Community leads shall collaborate and coordinate with tribes designated as community leads operating in the same geographic area.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

CHANGES TO RULE:

333-006-0070

Newborn Nurse Home Visiting Services-Provider Certification

(1) To apply for certification as a newborn nurse home visiting services-provider, an applicant must:
(a) Submit a complete application, in a format prescribed by the Authority;
(b) Submit documentation demonstrating that the applicant meets the requirements of these rules, including but not limited to providing the following:
(A) Letter of support from the community lead designated for the applicant's identified community; and
(B) Copies of the policies and procedures required in OAR 333-006-0110.
(2) The application shall:
(a) Describe the identified community that the applicant proposes to serve;
(b) Describe how the applicant shall coordinate with certified providers and other home visiting providers serving the same identified community so that all families with newborns are offered newborn nurse home visiting services.
(c) Describe how the applicant shall coordinate with primary care providers of care to the families receiving services.
(d) Include a staffing plan that describes staff positions (home visitors and supervisors) including required qualifications, required training, or training to be provided upon hiring.
(e) Describe how the applicant will collect and maintain newborn nurse home visiting services data.
(f) Include any other information or forms required by the Authority.
(3) A certified provider must ensure it meets and continues to meet during its certification, the requirements in these rules.
(4) A certificate for a newborn nurse home visiting services-provider is effective for one year. A certificate shall be effective no earlier than January 1, 2021.
(5) A certified provider is only certified to provide home visiting services in the identified community or communities listed on its certificate.
(6) The Authority shall maintain a current list of all certified providers and make the list publicly available.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0080

RULE SUMMARY: Amend 333-006-0080 Changes title of rule to align with proposed revisions to definitions. Removed effective date prior to January 2021.

CHANGES TO RULE:

333-006-0080

Newborn Nurse Home Visiting Services-Provider Application Review

(1) The Authority shall review the application to determine if it is complete. If the applicant does not provide all of the documentation and information required in OAR 333-006-0070, the Authority shall reject the application as incomplete.¶

(2) If the applicant meets all of the certification requirements, the Authority may:¶

(a) Issue the applicant a written certificate that includes the identified community(ies); and¶

(b) Schedule an on-site review in accordance with OAR 333-006-0140.¶

(3) ~~The Authority shall not issue a certificate with an effective date prior to January 1, 2021.~~¶

(4) The Authority may deny an applicant if:¶

(a) The applicant does not meet all of the requirements of these rules;¶

(b) The applicant submitted false, misleading, or incorrect information;¶

(c) The applicant does not comply or has a history of past noncompliance with these rules; or¶

(d) The applicant poses a danger to public health or safety.¶

(54) If the Authority denies the applicant, the Authority shall notify the applicant of the denial in accordance with ORS chapter 183.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0090

RULE SUMMARY: Amend 333-006-0090 Changes title of rule to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0090

Newborn Nurse Home Visiting Services Provider Certification Renewal

(1) A certified provider may apply to renew its certification by submitting a complete renewal application to the Authority in the format provided by the Authority. ¶

(2) A renewal application shall include the following: ¶

(a) Attestation that the certified provider continues to implement the home visiting model described in OAR 333-006-0050(1)(a); and ¶

(b) Attestation that the community lead's letter of support for the certified provider has not been withdrawn. ¶

(3) A complete renewal application must be received by the Authority at least 30 days prior to the expiration of the certified provider's current certificate. ¶

(4) The Authority may require an on-site review or that the certified provider submit additional information during its review of the renewal application. ¶

(5) The Authority shall review a renewal application in accordance with OAR 333-006-0080.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0100

RULE SUMMARY: Amend 333-006-0100 Changes title of rule to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0100

Newborn Nurse Home Visiting Services-Provider Coordination

(1) Certified providers must coordinate with the community lead(s) designated in the communities that the certified provider serves, or the Authority if no community lead has been designated. Coordination includes, but is not limited to: ¶

- (a) Actively communicating and working with community leads to ensure that the services are offered to all families with newborns residing in the community lead's identified community.¶
- (b) Participating in community lead's community advisory board.¶
- (c) Actively communicating and collaborating with other home visiting providers in the identified communities to promote continuity of care.¶

(2) Certified providers must coordinate with the certified providers in the same identified communities to coordinate the offering of services to families. ¶

(3) Certified providers must actively communicate with primary care providers of care to the families receiving services. ¶

(4) A certified provider discontinuing services voluntarily must notify the community lead(s) and the Authority at least 90 days prior to the date of voluntary closure and provide a written plan to ensure continuity of care for families and appropriately maintain records.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Amend 333-006-0110 Changes to align with proposed revisions to definitions. Changed universal to universally offered to make it clear that the program is voluntary.

CHANGES TO RULE:

333-006-0110

Newborn Nurse Home Visiting Services-Provider Requirements

(1) Certified providers must: ¶

(a) Provide home visiting services that meet the requirements for the universally offered newborn nurse home visiting model implemented by the community lead in the provider's identified community.¶

(b) Provide visits and services that meet the requirements for newborn nurse home visiting in OAR 333-006-0120.¶

(2) Certified providers must ensure that families of newborns understand that participating in the home visiting services is voluntary and carry no negative consequences for a family that declines to participate.¶

(3) Certified providers may only provide home visiting services after obtaining written informed consent from an individual with authority to consent to the services.¶

(4) Certified providers shall develop and implement policies and procedures regarding provider operations, including but not limited to: ¶

(a) Home visitor safety;¶

(b) Obtaining written consent for services prior to provision of services;¶

(c) Newborn nurse home visiting services documentation;¶

(d) Mandatory abuse reporting;¶

(e) Security and confidentiality of provider records and communications;¶

(f) Services for persons with disabilities;¶

(g) Services for persons with limited English proficiency;¶

(h) Billing services to public and private payors; and¶

(i) Communication with primary care providers of care to the families.¶

(5) Reimbursement of cost of services:¶

(a) Certified providers shall seek reimbursement for the costs of services provided to families with newborn newborn nurse visiting services from private and public payors.¶

(b) Prior to providing services, certified providers shall explain to the family with a newborn the family's insurance coverage for the services.¶

(6) Certified providers must: ¶

(a) Facilitate or conduct weekly team meetings for peer review of families who received a home visit during the preceding week that includes all staff who interact with families.¶

(b) Submit newborn nurse home visiting services data in a manner and format designated by the Authority.¶

(c) Ensure that each nurse home visitor is supervised by a registered nurse trained to provide quality assurance on the home visit protocol.¶

(d) Ensure that each quarter every home visitor has at least:¶

(A) One home visit observed for quality assurance review; and ¶

(B) One chart reviewed. ¶

(e) Communicate with primary care providers providing care to the family.¶

(f) Ensure all staff working in the Newborn Nurse Home Visiting Program complete the training required in OAR 333-006-0130. ¶

(g) Confirm that staff have and maintain required licenses or certifications at the beginning of employment and at least annually.¶

(h) Maintain personnel records documenting any required licenses, certifications, training, and supervision.¶

(7) Certified providers must ensure that:¶

(a) Comprehensive newborn nurse home visits are provided by registered nurses licensed in Oregon; ¶

(b) All services are delivered in a culturally responsive manner; and¶

(c) All services are delivered according to standards of practice for trauma informed care.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Amend 333-006-0120 Changes to align with proposed revisions to definitions. Describes use of telemedicine.

CHANGES TO RULE:

333-006-0120

Newborn Nurse Home Visit-anding Service Requirements

(1) Certified providers must timely offer the home visiting services described in this rule to families with newborns. ¶

(2) Certified providers must timely provide the visits and home visiting services as described in this rule unless: ¶

(a) The family requests that the services be provided at another time and the provider documents the request in the service record; or ¶

(b) The family refuses or elects not to participate in a specific service and the provider documents the refusal in the service record. ¶

(3) Certified providers must: ¶

(a) Provide a comprehensive newborn nurse home visit within two to twelve weeks of the newborn's birth. ¶

(b) Conduct a post services phone call approximately four weeks after the last services are provided to assess the family's satisfaction with services and effectiveness of community connections. ¶

(4) Certified providers may: ¶

(a) Provide a support newborn home visit prior to the comprehensive newborn nurse home visit if the nurse home visitor determines the family has immediate postpartum needs within two weeks of birth. ¶

(b) Provide one to two support newborn nurse home visits after the comprehensive newborn nurse home visit based on the clinical assessment of the nurse home visitor at the comprehensive newborn nurse home visit for additional assessment or to ensure community connections. ¶

(c) Provide support telephone calls after the comprehensive newborn nurse home visit to ensure community connections are established. ¶

(5) Comprehensive newborn nurse home visits must: ¶

(a) Be provided by a registered nurse. ¶

(b) Be provided in the family's home. ¶

(6) Services offered on a comprehensive newborn nurse home visit must include: ¶

(a) Maternal physical assessment (if applicable) according to clinical guidelines approved by the Authority. ¶

(b) Newborn physical assessment according to clinical guidelines approved by the Authority. ¶

(c) Systematic assessment of family strengths, risks, and needs according to clinical guidelines approved by the Authority. ¶

(d) Screening for intimate partner violence, perinatal mood disorders and substance use using a validated screening tool. ¶

(e) Standardized anticipatory and supportive guidance according to clinical guidelines approved by the Authority. ¶

(f) Referrals for identified interventions or community resources as a result of needs identified by the home visitor during the home visit. ¶

(7) Support newborn nurse home visits shall be provided by a certified traditional health worker as defined in ORS 414.665 or a registered nurse. ¶

(8) If a family declines home visiting services in their home, an alternate location may be offered, and telemedicine services must be offered and delivered in accordance with ORS 743A.058. ¶

NOTE: Clinical guidelines approved by the Authority are available on the Authority's website:

<https://www.oregon.gov/oha/PH/HEALTHYPEOPLESFAMILIES/BABIES/HOMEVISITING/Pages/Family-Connects-Oregon.aspx>.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0130

RULE SUMMARY: Amend 333-006-0130 Changes to align with proposed revisions to definitions. Changed universal to universally offered to make it clear that the program is voluntary.

CHANGES TO RULE:

333-006-0130

Newborn Nurse Home Visitor Services-Provider Training Requirements

(1) Certified providers shall ensure that staff working in the program timely receive the training in this rule.¶
(2) All staff working in the program must receive training that includes an overview of the universally offered newborn nurse home visiting model implemented by the community lead in the certified provider's identified community prior to providing services.¶

(3) All staff working in the program must receive the following training prior to providing services and annually thereafter: ¶

(a) Culturally and linguistic responsiveness and implicit bias;¶

(b) Child abuse and vulnerable adult mandatory reporting; and¶

(c) Other training as required by the Authority.¶

(4) All home visitors and supervisors providing services must, prior to providing services, receive an orientation that includes: ¶

(a) Overview of the newborn nurse home visiting services home visit protocol;¶

(b) Documentation of services;¶

(c) Observational training that includes services delivery, documentation and fidelity assessment;¶

(d) Foundations of infant mental health;¶

(e) Motivational interviewing;¶

(f) Maternal and newborn physical assessments;¶

(g) Lactation;¶

(h) Adverse childhood experiences and resilience; and¶

(i) Home visitor safety.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Amend 333-006-0140 Changes to align with proposed revisions to definitions.

CHANGES TO RULE:

333-006-0140

Newborn Nurse Home Visiting Services-Provider Review

(1) The Authority, or its designee, may conduct an on-site review of each certified newborn nurse home visiting services-provider within one year of initial certification to determine compliance with these rules. The Authority may conduct additional on-site reviews in its discretion.¶

(2) The certified provider must permit the Authority, or its designee, access to the certified provider's place of business during a review. The provider must permit the Authority, or its designee, access to provider records and cooperate with the Authority during a review. A review may include, but is not limited to:¶

(a) Review of documents, policies and procedures, and records;¶

(b) Review of electronic health records systems, and review of practice management systems;¶

(c) Review of data reports from electronic systems or other tracking systems; and¶

(d) Interviews with management, clinical and administrative staff.¶

(3) The Authority, or its designee, shall provide the certified provider with a written report of the findings from the on-site review.¶

(4) If the Authority finds violations by the certified provider, the Authority may:¶

(a) Require corrective actions to be completed within a specified timeline; or¶

(b) Revoke or suspend the certification in accordance with ORS chapter 183.¶

(5) The Authority may conduct a review of a certified provider without prior notice at any time.¶

(6) A certified provider must provide the Authority with provider records upon request.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0150

RULE SUMMARY: Amend 333-006-0150 Changes title of rule to align with proposed revisions to definitions

CHANGES TO RULE:

333-006-0150

Newborn Nurse Home Visiting Services Provider Compliance

(1) A certified provider must notify the community lead(s) and the Authority within 20 calendar days of any change that brings the provider out of compliance with these rules. ¶

(2) The Authority may revoke, deny renewal, or suspend a certificate for a certified provider if: ¶

(a) The certified provider submits false, misleading, or incorrect information; ¶

(b) The certified provider violates ORS 433.301 or these rules; ¶

(c) The certified provider fails to cooperate with a review or request for documentation; ¶

(d) The certified provider fails to timely complete corrective actions; ¶

(e) The community lead withdraws its letter of support for the certified provider; or ¶

(f) The certified provider poses a danger to public health or safety. ¶

(d) The certified provider fails to timely complete corrective actions; ¶

(e) The community lead withdraws its letter of support for the certified provider; or ¶

(f) The certified provider poses a danger to public health or safety.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

RULE SUMMARY: Repeal 333-006-0170 Describes use of telehealth during a public health emergency. Rule is no longer in effect given the end of the Governor declared public health emergency. Proposed rule language describes ongoing use of telemedicine.

CHANGES TO RULE:

~~333-006-0170~~

~~Newborn Nurse Home Visiting Services Provided by Telehealth~~

~~(1) For the purposes of this rule "telehealth" includes synchronous (live two-way interactive) video and audio transmission resulting in a real time communication between the home visitor and the client. Telehealth only includes telephone communication if a video platform is not available.~~¶

~~(2) Any visit or service provided under OAR 333-006-0120 may be provided through telehealth rather than an in-person visit to the family's home.~~¶

~~(3) All services provided by telehealth must be provided according to clinical and telehealth guidelines approved by the Authority. All services provided by telehealth must be provided in accordance with these rules except that:~~¶

~~(a) Screening for intimate partner violence may be delayed or omitted for safety reasons during a telehealth visit.~~¶

~~(b) Certified providers may obtain oral consent for services, as an alternative to written consent, prior to provision of services. Providers must document consent for services in the family's record.~~¶

~~(4) Certified providers providing services through telehealth shall develop and implement telehealth policies and procedures that describe appropriate use of communication technology and considerations for privacy protections.~~¶

~~(5) Certified providers may virtually observe telehealth home visits for quality assurance review.~~¶

~~(6) Certified providers must allow for virtual reviews of the provider and permit the Authority/designee timely access to provider records as an alternative to an on-site review.~~¶

~~(7) This rule is effective only during a Governor-declared or Authority-declared public health emergency and up to 120 days after the emergency ends.~~¶

~~NOTE: Clinical and telehealth guidelines approved by the Authority are available on the Authority's website: <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/Pages/Family-Connects-Oregon.aspx>.~~

~~Statutory/Other Authority: ORS 413.042, ORS 433.301, ORS 743A.078~~

~~Statutes/Other Implemented: ORS 433.301, ORS 743A.078~~