

ARKANSAS STATE BOARD OF HEALTH

**ARKANSAS DEPARTMENT OF HEALTH
FAMILY HEALTH BRANCH**

**RULES AND REGULATIONS
GOVERNING
STATE SPONSORED HOME VISITATION PROGRAMS**

**Promulgated Under the Authority of
Arkansas Code Annotated § 20-78-901 et seq.**

Effective May 2014

**By the Arkansas State Board of Health
Arkansas Department of Health
Little Rock, Arkansas
Dr. Nathaniel Smith, MD, MPH**

RULES AND REGULATIONS

1.00 REGULATORY AUTHORITY

1.01 These regulations are enacted pursuant to Ark. Code Ann. §20-7-139, as amended, which authorized the State Board of Health to adopt rules to implement a home visitation program under Ark. Code Ann. §20-78-901, as amended.

1.02 These regulations shall be known as the Rules Governing State Sponsored Home Visitation Programs.

2.00 APPLICABILITY

2.01 The requirements under these rules shall not apply to programs that exclusively provide early intervention services under Part B or C of the Individuals with Disabilities in Education Act (20 U.S.C. §1431 – 1444); programs that provide one-time home visits or infrequent home visits, such as a home visit for newborn or preschool children; or a program that provides home visits under a physician's order or protocol and has a valid Class A and Class B home health care services agency license under A.C. A. § 20-10-801 et seq.

3.00 DEFINITIONS

3.01 Evidence-based program: means a program based on a clear, consistent model such as those identified by the Home Visiting Evidence of Effectiveness review authorized by the United States Department of Health and Human Services, including a program that:

- A. Demonstrates strong links to other community-based services;
- B. Employs well-trained and competent staff and provides continual professional development relevant to the specific program model being delivered;
- C. Follows a program manual or design that specifies the purpose, outcomes, duration, and frequency of service that constitute the program;
- D. Operates with fidelity to the model;
- E. Operates within an organization that ensures compliance with home visitation standards; and
- F. Provides research-based services grounded in relevant, empirically-based knowledge.

3.02 Home Visitation: means voluntary family-focused services delivered primarily in the home to assure healthy births and other services provided to expectant parents or parents with an infant, toddler, or child up to kindergarten entry that address:

- A. Child development;
- B. Literacy and school readiness;
- C. Maternal and child health;

- D. Positive parenting practices;
- E. Resources and referral access; and,
- F. Safe home environments.

3.03 Home Visitation Program: means the infrastructure and programs that support and provide home visitation.

3.04 Promising Program: means a home visiting program that does not meet the criteria of evidenced-based programs, but has the following components:

- A. Demonstrates strong links to other community-based services;
- B. Employs well-trained and competent staff;
- C. Provides continual professional development relevant to the specific program model being delivered;
- D. Follows a manual or design that specifies the program's purpose, outcomes, duration, and frequency of services;
- E. Has data or evidence demonstrating that the program is effective at achieving positive outcomes for pregnant women, infants, children and their families;
- F. Operates with fidelity to the program or model; and
- G. Operates within an organization that ensures compliance with home visitation standards.

4.00 PURPOSE

4.01 The purpose of these regulations is to set guidelines, standards and reporting activities for all programs that provide home visitation services.

4.02 The intended outcome in providing home visitation is to assist families with:

- A. Building healthier parent and child relationships;
- B. Empowering families to be self-sufficient;
- C. Enhancing social and emotional development;
- D. Improving maternal, infant or child health outcomes, including reducing preterm births, including overall health of the family;
- E. Increasing school readiness;
- F. Promoting positive parenting practices;
- G. Supporting cognitive development of children;

H. Reducing incidences of child maltreatment and injury.

5.00 PROGRAM RESPONSIBILITIES

These responsibilities shall apply to Evidence-Based and Promising Programs.

5.01 Each program shall provide face-to-face visits by nurses, social workers, or other early childhood and health professionals and/or trained and supervised lay workers.

5.02 Qualifications and training of professionals and lay workers shall be relevant to the specific program model being delivered.

5.03 Each program shall report data regarding home visitation to the appropriate agencies as set forth in the Outcome Measurement Plan described in A.C.A. § 20-78-907.

5.04 Each program shall ensure providers of home visitation services report suspected child maltreatment as required by A.C.A. § 12-18-401.

6.00 AGENCY RESPONSIBILITIES

The State Child Abuse and Neglect Prevention Board, the Department of Health, and the Department of Human Services shall ensure accountability of home visitation programs. These agencies shall also cooperate to:

6.01 Collect and report data from Home Visitation Programs in accordance with the Outcome Measure Plan created pursuant to A.C.A. § 20-78-907.

6.02 Ensure that funds authorized through payments, contracts or grants that are used for home visitation include in the contract or funding agreement language that is consistent with A.C.A. § 20-78-901 et seq. and these Rules.

6.03 Create interrelated processes for collaborating and sharing relevant home visiting program data and information, including without limitation:

A. A uniform format for the collection of data relevant to each home visiting program model;
and

B. The development of common contract language or grant language related to voluntary home visiting programs.

6.04 Ensure that at least ninety percent (90%) of state funds appropriated for home visitation programs are used for Evidence-Based Programs and Promising Programs that meet the criteria set forth in Rule 7.00.

7.00 PROGRAM CRITERIA

7.01 An Evidence-Based Program consistent with A.C.A. § 20-78-901 et seq. must:

A. Be linked to program-determined outcomes and associated with a national organization, institution of higher education, or national or state public health institute;

B. Have comprehensive home visitation standards that ensure high-quality service delivery and continuous quality improvement;

C. Have demonstrated significant, sustained positive outcomes, and

D. Demonstrate reliability through (1) past evaluations using rigorous randomized controlled research designs, the results of which have been published in a peer-reviewed journal; or (ii) a basis in quasi-experimental research using two (2) or more separate, comparable client samples.

7.02 A Promising Program consistent with A.C.A. § 20-78-901 et seq. must have:

A. An active evaluation of each promising program; or

B. A demonstration of a plan and timeline for an active evaluation of each promising program that includes a projected time frame for transitioning from a promising program to an evidence-based program.

8.00 PARENTAL AND GUARDIAN RIGHTS

8.01 Nothing contained in these Rules and Regulations shall be deemed to compel a parent or legal guardian to participate in a home visiting program nor shall these Rules and Regulations impede a parent or legal guardian's ability to withdraw from a home visiting program at any time.

8.02 A decision to withdraw from a home visiting program does not constitute grounds for an investigation of a parent, legal guardian, or other member of the family of a minor.

CERTIFICATION

I certify that the foregoing Rules were duly adopted by the Arkansas State Board of Health at its regular meeting on the 24th day of April 2014.

Nathaniel Smith, M.D., MPH
Secretary, State Board of Health