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LAVONNE GRIFFIN-VALADE  
SECRETARY OF STATE

CHERYL MYERS  
DEPUTY SECRETARY OF STATE  
AND TRIBAL LIAISON



ARCHIVES DIVISION

STEPHANIE CLARK  
DIRECTOR

800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333  
OREGON HEALTH AUTHORITY  
PUBLIC HEALTH DIVISION

**FILED**

10/28/2024 11:58 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Universally Offered Newborn Nurse Home Visiting Program

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/22/2024 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.*

CONTACT: Senna Towner  
503-580-1154  
publichealth.rules@odhsoha.oregon.gov

800 NE Oregon St. Suite 825  
Portland, OR 97232

Filed By:  
Public Health Division  
Rules Coordinator

HEARING(S)

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

DATE: 11/19/2024

TIME: 11:00 AM

OFFICER: Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-277-2343

CONFERENCE ID: 703980669

SPECIAL INSTRUCTIONS:

This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact [publichealth.rules@odhsoha.oregon.gov](mailto:publichealth.rules@odhsoha.oregon.gov) to register and receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971- 277-2343, Phone Conference ID 703 980 669# for audio (listen) only.

The hearing will close no later than 12:00 PM but may close as early as 11:30 AM if everyone who has signed up to testify has provided their testimony.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or [publichealth.rules@odhsoha.oregon.gov](mailto:publichealth.rules@odhsoha.oregon.gov) at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

## NEED FOR THE RULE(S)

Per legislative mandate (Senate Bill 526 (2019)), OHA “shall design, implement and maintain a voluntary statewide program to provide universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families.” OHA is using the Family Connects model, an evidence-based, voluntary, opt-in Universally offered Nurse Home Visiting (UoHV) program, to meet this mandate. Named Family Connects Oregon (FCO) in the state, the program is being implemented using a phased-in approach, with 15 of Oregon’s 36 counties currently offering services or planning to offer services in 2025. The current rules for the UoHV program designate Local Public Health Authorities (LPHA) as the Newborn Nurse Home Visiting Providers (NNHVP), leading the model’s required registered nurse (RN) home visits. The model’s Community Lead (CL) agency engages community resources and aligns service providers by recruiting local agencies and community programs that serve children. The current program rules (OARs 333-006-0000 through 333-006-1090), state that LPHAs and Early Learning Hubs (ELHs) can be designated as the CL, and Tribes can be designated as the NNHVP and the CL.

Oregon Health Authority (OHA)’s Public Health Division, Center for Prevention and Health Promotion, Maternal and Child Health Section, who is charged with FCO program rollout, is proposing the current rule change, primarily because, to “meet the needs of communities where the program operates,” per legislative mandate, there is a need to expand the type of organizations eligible to be designated as the NNHVP and CL to include, for example, hospitals and non-profit organizations. In doing so, FCO implementation will be possible in Oregon communities where an LPHA, ELH, or Tribe is unable to serve as either the NNHVP or CL.

Additionally, three other minor rule changes are needed to better support equitable FCO implementation:

- 333-006-0050: Community Lead must implement strategies for promoting health equity
- 333-006-0060: Community Lead must ensure staff are trained in health equity
- 333-006-0130: Newborn Nurse Home Visiting Provider must be trained in health equity

Finally, two other minor rule changes are needed as follows:

- 333-006-0070: Newborn Nurse Home Visiting Provider certificate is awarded for up to 3 years (previously only 1 year): to decrease administrative burden
- 333-006-0190: Removing rule section that health benefit plans not subject to rule who voluntarily provided reimbursement: OHA cannot enforce this rule

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## DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

- Senate Bill 526 (2019) (Oregon Laws 2019, chapter 552):  
<https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB526/Enrolled>
- OHA PHD OAR Chapter 333, Division 6  
<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=5722>
- ORS 433.301 [https://www.oregonlegislature.gov/bills\\_laws/ors/ors433.html](https://www.oregonlegislature.gov/bills_laws/ors/ors433.html)
- Senate Bill 1555 (2022) (Oregon Laws 2022, chapter 94):  
<https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/SB1555/Enrolled>
- Family Connects International Evidence <https://familyconnects.org/impact-evidence/the-evidence/>
- Family Connects Model <https://familyconnects.org/our-approach/family-connects-model/>
- 2023 Kids Count Data Book, Annie E. Casey Foundation, 2023 <https://www.aecf.org/resources/2023-kids-count-data-book>

- Oregon's State Health Improvement plan, 2018 Progress Report:

<https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/ship-annual-progress-report.pdf>

- National Center for Health Statistics, 2024

<https://www.marchofdimes.org/peristats/data?reg=99&top=6&stop=94&lev=1&slev=4&obj=1&sreg=41>

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

It is well understood that child wellbeing is linked to adult wellbeing. A large and diverse body of literature shows the lasting effects of four child wellbeing domains: childhood health, economic circumstances, education, and family and community experiences. In 2023, Oregon ranked only 26th out of 50 states across these four domains (Annie E. Casey Foundation, 2023). For example, data from Oregon's 2018 State Health Improvement Plan (SHIP) demonstrate that there are racial and ethnic disparities related to the state's infant death rate (death within first year of life). Between 2019-2021, there was an average of 4.1 infant deaths during the first year of life per 1,000 live births for whites, and about twice that at 8.1 per 1,000 live births for African Americans (National Center for Health Statistics, 2024). These data alone demonstrate Oregon's need to continue to focus on improving family and child health with a focus on addressing related health inequities.

Research demonstrates that Family Connects can significantly improve family and child health while advancing health equity. The model implements a brief but powerful touchpoint between a highly trained Registered Nurse (RN) and a family integrating a newborn. The RN home visit occurs approximately 1-3 weeks after birth with up to two follow up visits. The nurse assesses the caregiver and infant's physical health; provides guidance on feeding, growth, crying, and safety; conducts perinatal depression, substance use, and intimate partner violence screenings; and promotes a strong connection back to the medical home. Additionally, Family Connects strengthens connections for families with newborns, linking them directly to health and community resources by engaging community and aligning service providers. Family Connects staff actively recruit local agencies and community programs that serve families and young children, which are readily available to the home visiting RN. In turn, the RN can make prompt referrals to additional services when needed (e.g., mental health services, childcare, etc.). By working with families to identify physical, social, and emotional needs, Family Connects RNs are uniquely positioned to link families to health and community services including other more targeted home visiting programs. The Family Connects model strengthens a community's healthcare system utilized by families, ensuring that all caregivers and newborns have the opportunity to achieve optimal health regardless of income, gender, race, ethnicity, or zip code. With a focus on equity and decreasing health disparities, the model contributes to eliminating health inequities and improving community health (Goodman, et al., 2019).

To successfully design, implement, and maintain Family Connects statewide and positively impact health equity as described, OHA needs to expand who can be designated as a NNHVP and CL, and make other minor amendments to the rules, as noted, that support equitable implementation and decrease administrative burden. With these changes, more organization types will have the opportunity to apply to be a NNHVP and CL, thus supporting racial equity. In turn, by expanding the type of organizations who can apply to be a NNHVP or CL, more individuals who identify as American Indian or Alaska Native, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander, will have access to newborn nurse home visiting. Ultimately, the rule change will support FCO's positive impact on health including racial and ethnic equity in the state, both improving family and child health and creating a more equitable opportunity for a variety of organization types to engage in the program. Finally, organizations who are designated by OHA as a CL organization are required to engage in trainings including those focused on health equity. In this way, expanding the CL type will increase the number of organizations in Oregon who have a better understanding of health equity and therefore are better prepared to serve Oregon's diverse populations.

Although there is strong evidence from randomized controlled studies of the Family Connects model that demonstrate

significantly positive impact on health equity as noted above (see research studies here: <https://familyconnects.org/impact-evidence/the-evidence/>), the model has not been implemented long enough in Oregon to study its intended impact on population health including health equity. FCO program accountability is maintained, however, by an oversight and monitoring process to assure fidelity to the model and agreed upon outcomes and process metrics, which will continue to be measured over time. Additionally, the program is conducting qualitative evaluation studies that demonstrate a positive observed impact. Many families in Oregon love the program's service, appreciating being able to ask a knowledgeable and caring registered nurse (RN) questions about their newborn, learning about community resources, and having an RN come to them. Having an RN come to them eliminates access barriers that are often rooted in system racial oppression, such as transportation, that can be especially difficult for traditionally underserved populations.

OHA will engage communities potentially affected by the proposed rule changes in the following ways:

- Through the Rules Advisory Committee; committee members will be recruited by sending the committee application announcement to:
  - o FCO systems partners including hospitals, ELHs, LPHAs, Coordinated Care Organizations, and commercial insurance carriers
  - o FCO Community Advisory Boards (which are part of the model requirement) that include systems partners and families being served by the program
  - o Oregon's Hospital Association
  - o Culturally appropriate Community Based Organizations
- Via the public comment period
- Continued engagement with communities as Family Connects is implemented

OHA will consider future rulemaking as we learn about how the Program impacts various Oregon communities.

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#### FISCAL AND ECONOMIC IMPACT:

Fiscal impact on community systems of care: Because Family Connects supports a system of care that wraps around the whole family, the model significantly impacts return on investment, with a \$3.17 reduction in total hospital billing costs for every \$1.00 in program costs (Goodman, et al., 2019). By expanding who can become a NNHVP or CL, as proposed in the current rule change, more communities will be able to opt into implementing the program, and in turn more communities will have the opportunity to benefit from the potential positive economic impact.

Fiscal impact on organizations that opt into being designated as NNHVP or CL: OHA supports organizations implementing Family Connects with the following funding mechanisms:

1. Program Element (PE) Funding:
  - a) CL Funding: Provided through a contract between OHA and the Community Lead Organization to support the community alignment work of FCO implementation. FCO communities are allowed to allocate funds to support community engagement and participation (e.g., convening expenses, space, food, transportation, stipends, childcare for participation in community meetings, etc.), FCO staff salaries, or other related expenses as approved by OHA.
  - b) NNHVP Funding: Provided through a contract between OHA and the NNHVP provider organization to support related activities. FCO communities are allowed to allocate funds to support FCO planning and implementation activities, FCO staff salaries, or other related expenses as approved by OHA.
  - c) Reimbursement Gap Funding: Funding to assist sites with visits non-reimbursable by insurance resources (e.g., High Deductible Health Plans, self-funded plans).

d) Focused Funding on FCO Priorities: Funding to support sites with activities such as Nursing Workforce Development, Health Equity Work, and Communications.

2. Medicaid Reimbursement: In March 2022, CMS approved the medical service State Plan Amendment. As of May 12, 2022, FCO sites could submit claims for reimbursement for medical and Targeted Case Management (TCM) services retroactive to January 1, 2022. (January 1, 2022 is when Oregon Medicaid integrated FCO into members' benefits through Fee for Service for medical services provided by the home visit.)

3. Commercial Health Insurance Reimbursement: As of January 1, 2023, commercial health plan benefits mandated by the state (non-self-insured plans) offered in Oregon must reimburse the cost of FCO without cost-sharing, coinsurance, or deductible applicable to services. Carriers must notify and offer their enrollees the opt-in, voluntary FCO services. In the short-term, organizations who opt to pursue implementing the program in local Oregon communities may be impacted by insurance reimbursement gaps. Some commercial health plans are not required to cover FCO services, which has proven to be challenging for local sites. These include High Deductible Health Plans (HDHP) and self-insured plans, which are mandated by the U.S. Department of Labor, and thus fall outside of the Oregon SB 526 mandate and legislative requirements. Most challenging are self-insured plans. By the end of 2023, around 44% of Oregonians with private health insurance coverage were on self-insured plans. Gaps in reimbursement due to these plans make FCO financial sustainability by way of insurance claims difficult. Even when FCO population reach increases to model fidelity (60%), rough estimates show a revenue shortfall of approximately \$50,000 annually for sites with small eligible birth populations (e.g., ~150/year) and over \$2,000,000 annually for sites with large eligible birth populations (e.g., 3,800/year). OHA is working with self-insured plan third-party administrators on the challenge, receiving feedback that when FCO is state-wide, self-insurance is more likely to cover the service, because more people will know about it, understand the benefit of it, and in turn ask for the service.

Fiscal impact on the public: There is no direct fiscal or economic impact from the proposed amendments to the public. The program is offered at no cost to families. NNHVPs seek reimbursement for the costs of services provided to families with newborns from private and public payors, as described above. The statute directs health benefit plans to cover the cost of the newborn nurse home visiting services without any cost-sharing, coinsurance or deductible.

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#### 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) OHA has previously addressed the fiscal impact of the statute. There is no additional impact to OHA as a result of the proposed amendments. Organizations that pursue NNHVP or CL designation will need to comply with the proposed rule amendments. There would be no additional costs beyond what is described in the current rules as a result of the proposed amendments, however.

(2)(a) A small number of small businesses (e.g., small non-profit hospitals or Community Based Organizations) may be subject to the proposed rule amendments if they choose to pursue NNHVP or CL designation. The data are not available to estimate the number of small businesses impacted by this rule change.

(b) Small businesses may be impacted if they pursue NNHVP or CL designation. There is no requirement that small businesses must pursue either designation, however. 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 NNHVP or CL designation. If a small business entity applies to become the NNHVP, for instance, they may need to purchase technical equipment (e.g., a laptop) that can assist in the RN home visit assessment. Funding from OHA is provided and intended to support such needs. There is no requirement, however, that small businesses must pursue NNHVP or CL designation. There are also no additional reporting, recordkeeping or other administrative activities required for compliance as a result of the proposed amendments. Although if an entity chooses to pursue NNHVP or CL designation, following the required reporting, recordkeeping, and other administrative requirements as outlined in the current rules is required.

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

As stated, this rule change may have minimal impact on small businesses who opt into pursuing the NNHVP or CL designation. As such, OHA has involved entities they foresee will pursue such designation. For instance, OHA recruited participation from culturally appropriate Community Based Organizations. In general, however, OHA does not anticipate this rule change impacting most small businesses.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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RULES PROPOSED:

333-006-0010, 333-006-0020, 333-006-0050, 333-006-0060, 333-006-0070, 333-006-0100, 333-006-0110, 333-006-0120, 333-006-0130, 333-006-0140, 333-006-0150, 333-006-0180, 333-006-0190

AMEND: 333-006-0010

RULE SUMMARY: Amend OAR 333-006-0010: Update definitions by expanding newborn nurse home visiting provider and community lead organization type to meet the needs of communities where the program operates.

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~~ organization designated by the Authority to 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 provider" or "certified provider" means a person or LPHA certified by the Authority to provide newborn nurse home visits in accordance with OAR 333-006-0070 and OAR 333-006-0120.~~¶
- ~~(10)~~ "Home visitor" means an individual who provides newborn nurse home visits on behalf of a newborn nurse home visiting 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" means the services required by the 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 Program. These services include but are not limited to requirements of the community lead and newborn nurse home visiting providers as described by providers provide home

visiting services through the program and community leads provide community coordination and quality assurance services in the identified community.¶

(13) "Newborn nurse home visiting provider" or "certified provider" means an organization certified in by these rules.¶

(14) "Other Authority to provide newborn nurse home visits in accordance with OAR 333-006-0070 and OAR 333-006-0120.¶

(14) "Newborn nurse home visiting providerservices" means a provider of any home visiting services serving pregnant women and families with young children and may include newborn nurse home visiting 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 providers providethe 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.¶

(15) "Organization" includes but is not limited to, a local public health authority, early learning hub, Tribe, hospital, or non-profit.¶

(16) "Other home visiting provider" means a provider of any home visiting services through the program and community leads provide community coordination and quality assurance services in the identified community. serving pregnant people and families with young children and may include newborn nurse home visiting providers.¶

(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 333-006-01690.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0020

RULE SUMMARY: Amend OAR 333-006-0020: Amend requirements for community lead application to be in alignment with updated definitions.

CHANGES TO RULE:

333-006-0020

Community Lead Designation

- (1) The ~~Authority~~ Oregon Health Authority (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 ~~€T~~tribal membership and coexist with a community lead designated for the geographic area where the ~~€T~~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 triben~~ organization 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 letters 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, as outlined in the application; and ¶~~
- (eC) 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~~ organization 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



RULE SUMMARY: Amend OAR 333-006-0050: Amend community lead service requirements to include the promotion of health equity and collaboration with additional providers, and to adjust the unenforceable requirement that families must be contacted within two weeks after birth of the newborn.

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~~U.S. Health and Human Services (HHS) criteria for an evidence-based early childhood home visiting service delivery model.

(b) Coordinate with all certified providers in its identified community to implement strategies for promoting health equity, focusing on eliminating barriers that prevent families from accessing or fully benefiting from services.

(c) 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, to the greatest extent possible.

(d) ~~Develop and implement strategies in collaboration with the Authority~~Oregon Health Authority (Authority) to obtain funding to facilitate the provision of newborn nurse home visiting services.

(~~e~~) Collaborate with other home visiting providers and medical providers (for example, hospitals, clinics) 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.

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

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

(a) ~~Includes stakeholder partners~~ from the identified community with representation from the following where applicable: parents, medical providers, hospitals, social service providers serving families, ~~WIC~~Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), child protective services, early learning hub, ~~tribal leadership~~, local public health authority (LPHA), Coordinated Care Organizations, insurers that offer health benefit plans, community partners including culturally-specific organizations, 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 the families served by the ~~Newborn Nurse Home Visiting Program~~ in the identified community 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 upon a quarterly basis; request. This data may include:~~

(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 visits;

(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~~ 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

AMEND: 333-006-0060

RULE SUMMARY: Amend OAR 333-006-0060: Amend community lead training requirements to include the promotion of health equity.

CHANGES TO RULE:

333-006-0060

Community Lead Training Requirements

(1) Community leads must ensure staff members working with the ~~N~~newborn ~~N~~nurse ~~H~~home ~~V~~visiting ~~P~~program receive an orientation within six weeks of beginning work in the program that includes, but is not limited to:¶

(a) ~~Overview of the home visiting model implemented by the community lead described in OAR 333-006-0050(1)(a); and~~¶

(b) ~~Training in early childhood systems coordination that includes stakeholder~~partner engagement, working with community advisory boards, identification of community resources and using data;¶

(c) ~~Training in adverse childhood experiences and resilience.~~¶

(2) Community leads must ensure staff working with the program receive within six weeks of beginning work in the program and annually, training in the following:¶

(a) ~~Culturally and linguistic responsiveness;~~¶

(b) ~~Implicit bias~~Health equity; and ¶

(c) Other training specified by the Oregon Health Authority.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0070

RULE SUMMARY: Amend OAR 333-006-0070: Remove requirements for staffing plans and lengthen the provider certification period to reduce administrative burden.

CHANGES TO RULE:

333-006-0070

Newborn Nurse Home Visiting Provider Certification

(1) To apply for certification as a newborn nurse home visiting provider, an applicant must:¶

(a) Submit a complete application, in a format prescribed by the Authority ~~Authority~~ Oregon Health Authority (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 ~~currently designated~~ 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.¶

(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 provider is ~~effective for one year. A certificate shall be effective no earlier than January 1, 2021, awarded for up to three years.~~¶

(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: 333-006-0100

RULE SUMMARY: Amend OAR 333-006-0100: Specify when a certified provider can discontinue services.

CHANGES TO RULE:

333-006-0100

Newborn Nurse Home Visiting Provider Coordination

(1) Certified providers must coordinate with the community lead(s) designated in the communities that the certified provider serves, or the ~~Authority~~ Oregon Health Authority (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~~ ceasing program enrollment 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

AMEND: 333-006-0110

RULE SUMMARY: Amend OAR 333-006-0110: Remove the weekly team meeting requirement to allow for scheduling variability across certified providers.

CHANGES TO RULE:

333-006-0110

### Newborn Nurse Home Visiting 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 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;

(i) Communication with primary care providers of care to the families; and

(j) Providing services by telemedicine.

(5) Reimbursement of cost of services:

(a) Certified providers shall seek reimbursement for the cost of newborn nurse home visiting services for Medicaid eligible newborns by enrolling as a Medicaid provider and following Medicaid rules in OAR chapter 410.

(b) Certified providers shall seek reimbursement for the cost of newborn nurse home visiting services from health benefit plans according to rules under OAR chapter 333, division 6.

(c) 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, weekly or on a schedule authorized by the Oregon Health Authority (Authority), for peer review of families who received a home visit during the preceding week that~~ Meetings shall include 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 client medical record reviewed, and medical records reviewed for quality assurance, on a schedule designated by the Authority.~~

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

(f) Ensure all staff working in the ~~N~~ewborn ~~N~~nurse ~~H~~ome ~~V~~isiting ~~P~~rogram 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;

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

(d) All services are documented in the client's medical record by the home visitor. The documentation shall

include:¶

(A) The client's name;¶

(B) The date of the services;¶

(C) The name of the person providing the services;¶

(D) The content of the services; and¶

(E) Whether the client has declined any specific services.

Statutory/Other Authority: ORS 413.042, ORS 433.301

Statutes/Other Implemented: ORS 433.301

AMEND: 333-006-0120

RULE SUMMARY: Amend OAR 333-006-0120: Specify that newborn nurse home visits are not always required to be provided in the family's home and removed website link in the event the link becomes dysfunctional.

CHANGES TO RULE:

333-006-0120

#### Newborn Nurse Home Visiting 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 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 client's medical record; or¶
  - (b) The family refuses or elects not to participate in a specific service and the provider documents the refusal in the client's medical 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, at an alternative location, or via telemedicine services per ORS 333-006-0120(8).¶
- (6) Services offered on a comprehensive newborn nurse home visit must include:-¶
  - (a) ~~Maternal Caregiver~~ physical assessment (if applicable) according to clinical guidelines approved by the ~~Authority~~ Oregon Health Authority (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: approved by the Authority.¶
  - (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. Declination of home visiting services in the home must be documented in the client's medical record.¶

NOTE: Clinical 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

Statutes/Other Implemented: ORS 433.301



AMEND: 333-006-0130

RULE SUMMARY: Amend OAR 333-006-0130: Amend newborn nurse home visiting provider training requirements to include the promotion of health equity.

CHANGES TO RULE:

333-006-0130

Newborn Nurse Home Visitor 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~~ Health equity;¶
  - (b) Child abuse and vulnerable adult mandatory reporting; and¶
  - (c) Other training as required by the Oregon Health 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 Caregiver~~ 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

AMEND: 333-006-0140

RULE SUMMARY: Amend OAR 333-006-0140: Correct minor typo.

CHANGES TO RULE:

333-006-0140

Newborn Nurse Home Visiting Provider Review

(1) The ~~Authority~~ Oregon Health Authority (Authority), or its designee, may conduct a review of each certified newborn nurse home visiting provider within one year of initial certification to determine compliance with these rules. The Authority may conduct additional reviews ~~in~~ at 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 OAR 333-006-0150: Remove duplicate information.

CHANGES TO RULE:

333-006-0150

Newborn Nurse Home Visiting Provider Compliance

(1) A certified provider must notify the community lead(s) and the ~~Authority~~ Oregon Health Authority (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

AMEND: 333-006-0180

RULE SUMMARY: Amend OAR 333-006-0180: Remove rule section specific to 2023.

CHANGES TO RULE:

333-006-0180

#### Health Benefit Plan Reimbursement Requirements

(1) As used in OAR 333-006-0180 through 333-006-0190 the following definitions apply:¶

(a) "Billing guidance" means a document describing the claim submission process.¶

(b) "Budget standards" means a document describing standardized and allowable expenses included in the determination of the case rate for newborn nurse home visiting services, including Community Lead Service Requirements outlined in OAR 333-006-0050 and Newborn Nurse Home Visiting Provider and Service Requirements outlined in OAR 333-006-0100 through 333-006-0130.¶

(c) "Case rate" means a flat fee paid for newborn nurse home visiting services. The case rate includes all newborn nurse home visiting services, including Community Lead Service Requirements outlined in OAR 333-006-0050 and Newborn Nurse Home Visiting Provider and Service Requirements outlined in OAR 333-006-0100 through 333-006-0130. The case rate is also known as a bundled claim.¶

(d) "Single support visit rate" means a one-time flat fee paid when a support visit, as defined in OAR 333-006-0010(16Z), is completed prior to a comprehensive newborn nurse home visit and the comprehensive newborn nurse home visit is subsequently not completed.¶

(e) "Template" means the document the ~~Authority~~ Oregon Health Authority (Authority) shall provide to each newborn nurse home visiting provider and community lead in order to document costs related to providing newborn nurse home visiting services. The template will reflect the budget standards.¶

(2) Health benefit plans must reimburse the newborn nurse home visiting provider at the case rate for these services as defined in ORS 743A.078.¶

~~(3) The case rate and the single support visit rate for January 1, 2023 to June 30, 2023, will be determined using the average cost per newborn served as reported by current service providers and reviewed by the Authority and a third-party consultant.¶~~

(4) The case rate and the single support visit rate on July 1, 2023, and thereafter shall be determined by a cost study coordinated by the Authority in consultation with an advisory committee on a biennial schedule. The case rate will be effective on July 1 of odd numbered calendar years.¶

(a) The advisory committee will advise the Authority on development of the case rate. Documents used to determine the case rate will include but are not limited to the budget standards, the template and the billing guidance. The advisory committee will include representatives of health benefit plans, newborn nurse home visiting providers and community members. The advisory committee shall not exceed 10 members. Members shall be selected via an application process developed by the Authority.¶

(b) Each newborn nurse home visiting provider and community lead must participate in the biennial cost study. The Authority will provide templates to newborn nurse home visiting providers and community leads.¶

(c) The Authority will review newborn nurse home visiting provider and community lead services budgets to determine compliance with budget standards as determined by the Authority and notify providers of any non-compliance with standards.¶

(d) Newborn nurse home visiting providers and community leads shall request a deviation from budget standards based on a compelling modification needed in the designated community. Such a request must be made in writing.¶

(e) The Authority shall determine which budgets meet standards and are included in the cost study.¶

(f) At the conclusion of the cost study, the Authority shall determine the case rate and publish it on Oregon's Universally Offered Newborn Nurse Home Visiting Program website: [www.healthoregon.org/familyconnects](http://www.healthoregon.org/familyconnects).

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

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

AMEND: 333-006-0190

RULE SUMMARY: Amend OAR 333-006-0190: Remove an unenforceable reimbursement methodology rule.

CHANGES TO RULE:

333-006-0190

#### Reimbursement Methodology

The health benefit plan reimbursement methodology for newborn nurse home visiting services is a claim invoicing process.¶

(1) If a health benefit plan requires credentialing as a prerequisite to claim submission, health benefit plans must credential ~~Authority~~ Oregon Health Authority (Authority)-certified newborn nurse home visiting providers.

Newborn nurse home visiting providers must be credentialed as an organization. The organization also serves as the rendering provider.¶

(2) A bundled claim submitted for the newborn nurse home visiting services case rate must include, at a minimum, a comprehensive newborn nurse home visit, meeting the requirements of OAR 333-006-0120(5) and (6). The bundled claim may include one to two support visits that occur after the comprehensive visit and may include one support visit that occurs prior to a comprehensive visit.¶

(a) If a support visit is completed prior to a comprehensive newborn nurse home visit and the comprehensive newborn nurse home visit is subsequently not completed, the newborn nurse home visiting provider must submit a claim for the single support visit rate.¶

(b) Claims must follow the Authority's billing guidance for newborn nurse home visiting services and generally accepted medical services billing standards.¶

(3) All services provided as part of the ~~Universally Offered Newborn Nurse Home Visiting Program~~ shall be documented in the client's medical record by the home visitor who provides newborn nurse home visiting services on behalf of a certified newborn nurse home visiting services provider.¶

(4) Claims for newborn nurse home visiting services to health benefit plans with no contract in place with newborn nurse home visiting providers must be submitted as an out of network claim by the provider.¶

(5) Single case out of network claims must be reimbursed by health benefit plans in the amount of the case rate and per the billing procedures described in OAR 333-006-0180 through 333-006-0190.¶

~~(6) OAR 333-006-0180 through 333-006-0190 apply to health benefit plans not subject to ORS 433.301 who voluntarily provide reimbursement for newborn nurse home visiting services.¶~~

~~(7) Health benefit plans must reimburse at the case rate for newborn nurse home visiting services conducted via telemedicine pursuant to OAR 333-006-0120 and ORS 743A.058.~~

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

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