

EXHIBIT E

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Arkansas Department of Health
DIVISION CHA/Family Health Branch
DIVISION DIRECTOR Dr. Nathaniel Smith
CONTACT PERSON Bradley Planey, Branch Chief - Family Health Branch
ADDRESS Freeway Medical Building, 5800 West 10th Street - Suite 401, Little Rock, AR
72204
PHONE NO. 501-661-2531 FAX NO. 501-661/2464 E-MAIL Bradley.Planey@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Robert Brech
PRESENTER E-MAIL Robert.Brech@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

1. What is the short title of this rule? Rules and Regulations Governing State Sponsored Homevisitation Programs
2. What is the subject of the proposed rule? State Sponsored Homevisitation Programs
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation. _____
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?

Yes No

5. Is this a new rule? Yes No

If yes, please provide a brief summary explaining the regulation. To improve the health and stability of Arkansas families, to strengthen voluntary home visitation programs and to declare an emergency.

Does this repeal an existing rule? Yes No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. A.C.A. 20-7-139

7. What is the purpose of this proposed rule? Why is it necessary? To improve the health and stability of Arkansas families, to strengthen voluntary home visitation programs and to declare an emergency.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.healthylarkansas.gov

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: March 14, 2014

Time: 2:00 P.M.

Freeway Medical Building - 5800
West 10th Street, Board Room #906,

Place: Little Rock, AR 72204

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

March 14, 2014

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

June 1, 2014

12. Do you expect this rule to be controversial? Yes No

If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules?
Please provide their position (for or against) if known.

Arkansas Home Visiting Network

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Health
DIVISION CHA/ Family Health Branch
PERSON COMPLETING THIS STATEMENT Bradley Planey
TELEPHONE NO. 501-661-2531 **FAX NO.** 501-661-2464 **EMAIL:** Bradley.Planey@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Rules and Regulations Governing State Sponsored Homevisitation Programs

- 1. Does this proposed, amended, or repealed rule have a financial impact? Yes No

- 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No

- 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other (Identify) _____	Other (Identify) _____

Total _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ 0 _____

\$ 0 _____

The rule will result in extra data collection effort, but may not result in more cost.

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 0 _____

\$ 0 _____

At this time there are no anticipated costs, 90% of state funds for home visiting problems are to go to evidenced based programs. Unknown if it will effect present programs.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

- (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

SUMMARY OF PROPOSED RULES AND REGULATIONS GOVERNING HOME VISITATION PROGRAMS

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.

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

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.

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

NOTICE OF PUBLIC HEARING

The Arkansas Department of Health will hold a public hearing on **Friday, March 14, 2014 beginning at 2:00 p.m. at the Freeway Medical Tower, Board Room #906, 5800 West 10th Street, Little Rock, Arkansas**, to allow interested persons an opportunity to comment on proposed establishment of the Rules and Regulations Governing State Sponsored Home Visitation Programs in Arkansas.

Copies of the proposed rules and regulations are available for public inspection and copying at the Arkansas Department of Health, Family Health Branch, Freeway Medical Towers, 5800 West 10th Street, Little Rock, Arkansas – Suite 401, Little Rock, Arkansas. Additional information may be obtained by contacting Bradley Planey at 501-661-2480 or by email to Bradley.Planey@arkansas.gov. The public may submit written comments regarding the proposed Rules and Regulations by mail or in person to: Bradley Planey, Branch Chief, Family Health Branch, Arkansas Department of Health, 5800 West 10th Street, Suite 401, Little Rock, Arkansas. Comments must be received no later than 4:00 p.m. on Friday, March 14, 2014.

The Arkansas Department of Health is accessible to the handicapped. If assistance is needed to ensure equal participation, please call 501-661-2480 at least three (3) days prior to the meeting so arrangements can be made at no cost to the person requesting.