



HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES

Rev. 1.2.1

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

INTRODUCTION

The policies and procedures provided by the State of Hawaii, Department of Health (“DOH”), Maternal and Child Health Branch (“MCHB”) are intended to provide general guidance in the administration of home visiting services delivered by a variety of evidence-based home visiting models. The policies and procedures were developed with MCHB and in cooperation with the Hawaii Home Visiting Network (“HHVN”).

All Local Implementing Agency (“LIA”) providing home visiting services within the HHVN shall ensure that services are provided in fidelity to their specific home visiting model. Therefore, when guidance is provided by HHVN and by the home visiting model, the LIA shall follow the stricter guidance shall be followed.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

TABLE OF CONTENTS

I - Administration	I-1
A. Staff Qualifications	I-2
B. Staff Training	I-4
C. Reporting Requirements	I-9
D. Documentation	I-76
E. Confidentiality of Records	I-78
F. Staff Caseload	I-81
G. Supervision	I-83
H. Governance and Administration	I-86
I. Information/Data Collection	I-117
J. Supervision- Home Visit Rating Scale	I-122
<hr/>	
II - Program Entry	II-1
A. Eligibility for HHVN Services	II-2
B. Early Identification and Referral	II-8
<hr/>	
III - Service Delivery	III-1
A. Frequency of Home Visiting Services	III-2
B. Family Service Plan or Goal Tracking Sheet	III-3
C. Program Content	III-9
D. Services to Minors	III-12
E. Community Referrals	III-14
F. Child Health and Immunization	III-15
<hr/>	
IV - Assessment	IV-1
A. Child Developmental Screening and Surveillance	IV-2
B. Ages and Stages Questionnaire ("ASQ"); Ages and Stages Questionnaire: Social Emotional ("ASQ-SE")	IV-4
C. Home Observation Measurement of the Environment Inventory	IV-9
D. Nursing Child Assessment Satellite Training ("NCAST") Teach	IV-13
E. Prenatal Use of Tobacco Survey	IV-17
F. Breastfeeding Survey	IV-20
<hr/>	
V - Health and Safety	V-1
A. Preventive Health Services	V-2
B. Child Safety	V-9

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

GLOSSARY OF TERMS

<u>Term</u>	<u>Definition</u>
CDC	Centers for Disease Control and Prevention
CIR	Critical Incident Report
Client(s)	Families receiving home visiting services from an HHVN program
DHS	Hawaii State Department of Human Services
DOH	Hawaii State Department of Health
EID	Early Identification
Enrolled Child	A child that participates with the program but is not an Index Child. Do not report data for non-index children.
FAW	Family Assessment Worker
FHSD	Family Health Services Division
FSP	Family Service Plan
GTS	Goal Tracking Sheet (PAT model FSP)
HFA	Healthy Families America
HHVN	Hawaii Home Visiting Network
Index Child	A child that participates with the program for which Data is collected and reported.
Program	Site-level Home Visiting or EID services being provided by a Provider.
HIPPY	Home Instruction for Parents of Preschool Youngsters
Home Visitor	Family Support Worker, Parent Educator, Home Visitor, Clinical Specialist, Child Development Specialist
HRSA	Health Resources and Service Administration
Management	The HHVN Provider's operational team (e.g., supervisors, program directors, directors, etc.)
MCHB	Maternal and Child Health Branch
MIECHV	Maternal Infant & Early Childhood Home Visiting
Local Implementing Agency	See "Provider"
PAT	Parents as Teachers
PE	Parent Educator
Program (HHVN Program)	Site-level implementation of Home Visiting or EID provider's services.
Provider (HHVN Provider)	A contracted agency that provides Home Visiting or EID services for the HHVN.
Staff	FAWs, Home Visitors, Supervisors
Supervisor	May include, but is not limited to: Manager/Supervisor, Program Coordinator, Program Director, etc.
WIC	The Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC")

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

**I
ADMINISTRATION**

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration	
A: Staff Qualifications	
REFERENCE HHVN Policy I. B. Staff Training	EFFECTIVE DATE 01-01-09 revised 09-09 revised 05-18-11 revised 12-19-13

I-A: Staff Qualifications

POLICY

- A. HHVN providers shall ensure staff are recruited and selected because of their personal characteristics (e.g., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to perform the job.
- B. HHVN provider’s recruitment and selection practices shall be in compliance with Federal, State and local laws and regulations and may include:
 - 1) Notification of its personnel of available positions before or concurrent with recruitment elsewhere;
 - 2) Utilization of standard interview questions that comply with employment and labor laws; and
 - 3) Verification of two (2) to three (3) references and credentials.
- C. The minimum staffing requirements are as follows:

Supervisors shall have:

- 1) A Master’s Degree and two (2) years’ experience in social work, clinical psychology, nursing or counseling; or
A Bachelor’s Degree and three (3) years’ experience in social work, clinical psychology, nursing, or counseling;
- 2) A solid understanding of and experience in managing staff as well as motivating staff and providing support to staff in stressful work environments;
- 3) Administrative experience including experience in quality assurance/improvement and program development;
- 4) Knowledge of infant and child development and parent-child attachment;
- 5) Experience with family services that embrace the concept of family-centered and strength-based service provision;
- 6) Knowledge of maternal-infant health and dynamics of child abuse and neglect;
- 7) Experience in providing services to culturally diverse communities/families; and
- 8) Experience in home visitation with a strong background in intervention services with the zero (0) to three (3) age population.

Staff, volunteers, and interns (performing the same function) shall have:

- 1) Experience in working with or providing services to children and families;
- 2) Ability to establish trusting relationships;
- 3) Acceptance of individual differences;

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- 4) Experience and willingness to work with the culturally diverse populations that are present among the program's target population; and
 - 5) Knowledge of infant and child development.
- D. HHVN providers shall also follow their model's guidance regarding Staff Qualifications. Where this guidance and model guidance differ, the more stringent requirements shall apply.
- E. Home Visitors shall have a High School Diploma or General Equivalency Diploma ("GED") and experience working with children and/or families.

PROCEDURES

- A. The program shall:
- 1) Notify personnel of available position before or concurrent with recruitment elsewhere;
 - 2) Actively recruit, employ and promote qualified personnel representative of the community served;
 - 3) Have an established equal opportunity policy compliant with all Federal, State and local laws that state its practices in recruitment, employment, transfers and promotion of staff;
 - 4) Disseminate their equal opportunity policy and use recruitment materials that specify the non-discriminatory nature of the program's employment practices;
 - 5) Maintain current job descriptions for each staff position;
 - 6) Develop and utilize standard screening, interview, and selection procedure that comply with employment and labor laws for staff, volunteer, and intern positions;
 - 7) Develop and maintain policies and procedures addressing suitability of employment and volunteer procedures, including criminal background checks and civil child abuse and neglect registries;
 - 8) Authenticate each employee candidate's personal characteristics and employment skills through verification of two (2) or more personal and/or professional references;
 - 9) Verify each employee candidate's degree, diploma, credential, or certification with the issuing institution;
 - 10) Ensure all staff meet their evidence-based model education and training requirements; and
 - 11) Monitor staff retention and satisfaction at least every two (2) years, and develop and implement strategies to address any issues.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration	
B: Staff Training	
REFERENCE	EFFECTIVE DATE
Healthy Families America (“HFA”) Standard 2-2	01-01-09
HFA Standard 5-3	revised 09-09
HFA Standard 6-5	revised 05-18-11
HFA Standard 10	revised 12-19-13

I-B: Staff Training

POLICY

HHVN providers shall:

- A. Maintain a comprehensive training plan that assures access and ongoing tracking and monitoring of required trainings in a timely manner for all staff that meet all their evidence-based model’s education and training requirements;
- B. Ensure that staff and volunteers who use screening and/or assessment tool(s) have been trained in its use prior to allowing them to administer it;
- C. Ensure that staff receives training designed to increase understanding and sensitivity of the unique characteristics of the service population; and
- D. Provide stop-gap training for Home Visitors during the interim between basic comprehensive trainings.

The DOH shall continue to support training and technical assistance to HHVN providers based on the availability of funds.

PROCEDURES

- A. The HHVN Program shall maintain a training log and training plan for each staff member. Training logs and training plans are reviewed annually by the program supervisor. Annual training plans and logs shall also be available for MCHB review. The comprehensive training plan shall include basic training in areas of:
 - 1) Orientation
 - 2) Child abuse and neglect reporting
 - 3) Intensive role specific training
 - 4) Ongoing training topics
 - 5) Screening and/or assessment tool
 - 6) Cultural sensitivity
 - 7) Developmental screens
- B. Orientation:
 - 1) Programs shall orient staff (separate from intensive role-specific training) prior to direct work with families to familiarize them with the functions of the program;
 - 2) Programs shall orient staff to their roles as they relate to the program’s goals, services, policies and operating procedures (including forms, evaluation tools and data collection), and philosophy of home visiting prior to direct work with families or supervision of staff;

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- 3) Programs shall orient staff to the program's relationship with other community resources prior to direct work with families;
 - 4) Programs shall orient staff to child abuse and neglect indicators and reporting requirements prior to direct work with families;
 - 5) Programs shall orient staff to issues of confidentiality prior to direct work with families; and
 - 6) Programs shall orient staff to issues related to boundaries prior to direct work with families.
- C. Foundational training:
- 1) Programs shall train staff on a variety of topics necessary for effectively working with families and children and ongoing trainings at least annually.
 - 2) Programs shall complete training in a timely manner to meet all training requirements.
 - 3) All staff receives training on Infant Care within six (6) months of hire. Topics shall include, but are not limited to:
 - a. Sleeping;
 - b. Feeding/Breastfeeding;
 - c. Physical care of the baby; and
 - d. Crying and comforting the baby.
 - 4) All staff receives training on Child Health and Safety within six (6) months of hire. Topics shall include, but are not limited to:
 - a. Home safety;
 - b. Shaken baby syndrome;
 - c. SIDS;
 - d. Seeking medical care;
 - e. Well-child visits/immunizations;
 - f. Seeking appropriate child care;
 - g. Car seat safety; and
 - h. Failure to thrive.
 - 5) All staff receives training on Maternal and Family Health within six (6) months of hire. Topics shall include, but are not limited to:
 - a. Family Planning;
 - b. Nutrition;
 - c. Prenatal/Postnatal healthcare; and
 - 6) Prenatal/Postpartum Depression. All staff receives training on Infant and Child Development within six (6) months of hire. Topics shall include, but are not limited to:
 - a. Language and literacy development;
 - b. Physical and emotional development;
 - c. Identifying developmental delays; and
 - d. Brain development.
 - 7) All staff receives training on the Role of Culture in Parenting within six (6) months of hire. Topics shall include, but are not limited to:
 - a. Working with diverse cultures/populations (age, religion, gender, sexuality, ethnicity, poverty, dads, teens, gangs, disabled populations, etc.);
 - b. Culture of poverty; and
 - c. Values clarification.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- 8) All staff receives training on Supporting the Parent-Child Interaction within six (6) months of hire. Topics shall include, but are not limited to:
 - a. Supporting attachment;
 - b. Positive parenting strategies;
 - c. Discipline;
 - d. Parent-Child interactions;
 - e. Observing parent-child interactions; and
 - f. Strategies for working with difficult relationships.
- 9) All staff receives training on Child Abuse and Neglect within 12 months of hire. Topics include:
 - a. Etiology of child abuse and neglect; and
 - b. Working with survivors of abuse.
- 10) All staff receives training on Family Violence within 12 months of hire. Topics include:
 - a. Indicators of family violence;
 - b. Dynamics of domestic violence;
 - c. Intervention protocols;
 - d. Strategies for working with families with family violence issues;
 - e. Referral resource for domestic violence;
 - f. Effects on children; and
 - g. Gangs.
- 11) All staff receives training on Substance Abuse within 12 months of hire. Topics include:
 - a. Etiology of substance abuse;
 - b. Culture of drug use;
 - c. Strategies for working with families with substance abuse issues;
 - d. Smoking cessation;
 - e. Alcohol use/abuse;
 - f. Fetal alcohol syndrome;
 - g. Street drugs; and
- 12) Referral resources for substance abuse. All staff receives training on staff-related issues within 12 months of hire. Topics include:
 - a. Stress and time management;
 - b. Burnout prevention;
 - c. Personal safety of staff;
 - d. Ethics;
 - e. Crisis intervention; and
 - f. Emergency protocols.
- 13) All staff receives training on Family Issues within 12 months of hire. Topics include:
 - a. Life skills management;
 - b. Engaging fathers;
 - c. Multi-generational families;
 - d. Teen parents;
 - e. Relationships; and
 - f. HIV and AIDS.
- 14) All staff receives training on Mental Health within 12 months of hire. Topics include:
 - a. Promotion of positive mental health;
 - b. Behavioral signs of mental health issues;
 - c. Depression;
 - d. Strategies for working with families with mental health issues; and

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- e. Referral resources for mental health.

- D. Ongoing training topics (in-service training, other training, professional development):
 - 1) The program ensures that all staff shall receive ongoing training which takes into account the worker's knowledge and skill base. The worker and supervisor shall identify individual training needs, and determine what additional training topics would be most beneficial in enhancing the worker's job performance. The program shall make their determination based upon the worker's knowledge, skill base and interest;
 - 2) The program shall have individual training plans for each staff member that address knowledge and skill base, professional development, changes in staff role and personal interests. Individual training plans for staff that have moved from one (1) local HHVN program to another shall take into account previous training; and
 - 3) Program shall document all training received by staff.

- E. Screening and/or Assessment Tool:
 - 1) The program uses a tool(s) (e.g., screening tools, assessment tools, etc.) to identify the families within the target population who are most in need of intensive home visiting services;
 - 2) The program ensures that staff and volunteers who use the screening and/or assessment tool(s) have been trained in its use prior to allowing them to administer it;
 - 3) The program has policy and procedures for training workers who will use the tool to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately;
 - 4) Staff, volunteers, and interns who use the tool have been trained to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately. The training must include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it; and
 - 5) Best practices include Inter-Rater Reliability, which is the degree of agreement among raters.

- F. Cultural Sensitivity:
 - 1) The program demonstrates culturally sensitive practices in all aspects of its service delivery;
 - 2) The program shall correspond the unique characteristics identified as gaps in service delivery with program training on culturally sensitive practice to staff at least annually; and
 - 3) The program ensures staff receives training designed to increase understanding and sensitivity of the unique characteristics of the service population.

- G. Developmental Screens:
 - 1) The program monitors the development of participating infants and children with a standardized developmental screen;
 - 2) The program shall train staff that administers developmental screenings in the use of the tool before administering it:
 - a. The program shall train staff before administering developmental screens, and shall follow the program's policies regarding administration of the tool:

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- i. The program shall conduct training by an individual that understands the use of the tool;
- ii. When possible, this training shall include information that details the critical function behind each of the developmental questions;
- iii. The program shall document the first administration of the developmental screen in training logs along with the date the staff member was trained in the use of the tool; and
- iv. The program shall include training of developmental screening tool in the training plan and mechanism for tracking.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration C: Reporting Requirements	
REFERENCE	EFFECTIVE DATE 01-01-09 revised 09-09 revised 09-13 revised 12-19-13 revised 7-22-14

I-C: Reporting Requirements

POLICY

- A. HHVN providers shall submit monthly, quarterly and annual reports according to timelines and formats set by the DOH.
- B. HHVN providers shall ensure the information that is submitted is complete, accurate, and the person signing forms submitted to the DOH is authorized by the provider to do so.
- C. HHVN providers shall ensure that all required documents for the reporting period are received by the DOH no later than five (5) business days from the earliest date of any signed report.
- D. HHVN providers shall sign original documents in blue ink when a signature is required on documentation sent to the DOH.
- E. HHVN providers shall provide triplicate copies of reports (the original report signed in blue ink, and (2) two copies) when requested by the DOH as outlined in the procedures below.
- F. Note: Before the DOH will process payment, all reports for the reporting period must be complete, accurate, with documents requiring signature signed in blue ink, and all required documents for the reporting period received by the DOH no later than five (5) business days from the earliest date signed on any of the reports due.
- G. The DOH may reject **all** reports submitted, when **any** report is inaccurate, incomplete, or when **any** report date is more than five (5) business days from the date received by DOH. If rejected, the provider shall replace all signed and dated reports with new signed and dated documents and ensure the DOH receives **all** reports no later than five (5) business days from the earliest date of any of the reports due.
- H. HHVN providers shall report direct and indirect service hours for the Early Identification and Home Visiting Invoice form in 15 minute increments with the understanding that the total time shall not exceed the length of time that the home visitor spent working.

Explanation: If a home visitor was at a family's home for one (1) hour and completed an intake (1), then made a Family Service Plan ("FSP") (2), had Crisis intervention (3), P/C interaction activities (4) and administered a tool (5). The total

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

time "billed" would be one (1) hour, not one (1) hour and 15 minutes. Time shall not be determined by multiplying the number of activities performed by 15 minutes.

PROCEDURES

A. The provider shall submit following reports as outlined and in accordance to the timeline below:

<p>Monthly Billing Reports:</p> <ul style="list-style-type: none"> • Provider Payment Invoice • Early Identification Invoice Form, or; • Home Visiting Invoice Form <p>Attachments "Early Identification Billing Definitions" and "Home Visiting Billing Definitions" provide guidance for determining Direct and Indirect hours.</p> <ul style="list-style-type: none"> • POST 210 - Expenditure Report • POST 210A - Expenditure Report 	<p>Due: Reports received no later than 30 days following the end of the previous month.</p> <p>Triplicate reports (one (1) original - signed in blue ink, and two (2) copies) are sent to:</p> <p>Hawaii Home Visiting Network 741-A Sunset Avenue, Room #203 Honolulu, HI 96816</p> <p>Do not send by e-mail unless requested by MCHB. If MCHB requests a report, invoice or a form by e-mail, follow P&Ps regarding protecting participant information.</p>
<p>Monthly Program Reports:</p> <ul style="list-style-type: none"> • Early Identification Monthly Report, or; • Home Visiting Monthly Report 	<p>Due: Reports received no later than 30 days following the end of the previous month.</p> <p>Send the report spreadsheet, not a PDF copy, by email to your Contract Specialist and "Carbon Copy" the HHVN Coordinator</p>



**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

<p>Quarterly Reports:</p> <ul style="list-style-type: none"> Demographic Report ** <p style="color: red;">Only required of programs that do not use the DOH – Management Information System</p> <p>-----</p> <ul style="list-style-type: none"> MIECHV Benchmark Report * & ** <p style="color: red;">Only required of programs that do not use the DOH – Management Information System</p>	<p>Due: Reports received no later than 30 days following the end of each quarter.</p> <p>Send report by email to your Data Clerk and Research Analyst and “Carbon Copy” the HHVN Coordinator.</p> <p>-----</p> <p>This is a cumulative report and is submitted quarterly with an additional report submitted on September 30 each year: Report data from October 1 to August 31; and Send report by email to your Data Clerk and the Research Analyst and “Carbon Copy” the HHVN Network Coordinator.</p>
<p>Quarterly Report Notes:</p> <p>* Demographic report and the MIECHV Benchmark report shall be submitted monthly until MCHB and Provider are comfortable and confident with the MCHB-approved reporting format.</p> <p>** This report may be modified and/or requested more frequently at the discretion of the MCHB.</p>	
<p>Incidents and Notices</p> <ul style="list-style-type: none"> CPS LOG OF REPORTS (HHVN Case) and /or Notification of CPS Involvement Critical Incident Report 	<p>Due within 48 hours of knowledge of occurrence or critical incident.</p> <p style="background-color: yellow;">Follow Provider P&Ps regarding protecting participant information.</p> <ul style="list-style-type: none"> Send by email to the HHVN Coordinator

ATTACHMENTS

- [Provider Payment Invoice Requirements, Formats, and Examples](#)
- [Early Identification Invoice Form](#)
- [Home Visiting Invoice Form](#)
- [POST 210 – Expenditure Report](#)
- [POST 210A– Expenditure Report](#)
- [Early Identification Monthly Report](#)
- [Home Visiting Monthly Report](#)
- [Early Identification Billing Definitions](#)
- [Home Visiting Billing Definitions](#)
- [MIECHV Demographic Report](#)
- [MIECHV Benchmarks Report](#)
- [CPS Log of Reports \(HHVN Case\) and /or Notification of CPS Involvement](#)

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

[Critical Incident Report – Example](#)

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: Provider Payment Invoice Requirements, Formats, and Examples

STATE OF HAWAII DEPT OF HEALTH PROCEDURES AND REQUIREMENTS
FORMAT OF INVOICES SUBMITTED BY AGENCIES FOR CONTRACT PAYMENTS

The State of Hawaii requires that all agencies submit invoices when requesting contract payments.

Invoices may be printed on standard invoice forms or company letterhead.

The original document must be submitted. Copies are not necessary.

The document must include:

- ① the agency's name and address
- ② the State department and branch being billed
- ③ the ASO (Administrative Services Office) Log Number
- ④ the billing period
- ⑤ a dollar amount
- ⑥ the current date
- ⑦ an invoice number

If the invoice is printed on company letterhead, it should also include:

- ⑧ an employee's actual signature
- ⑨ the employee's name in print
- ⑩ the employee's title
- ⑪ statement of certification

Agencies will receive payment three to six weeks after the State of Hawaii receives the invoice.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

[REDACTED]

[REDACTED]

A Family Service Agency

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- CHILD & ADOLESCENT MENTAL HEALTH
- COMMUNITY SCHOOLS
- CPS VISITATION CENTER
- EARLY HEAD START AND HEAD START
- FAMILY PEACE CENTER - OAHU, MAUI & LANAI
- FAMILY VISITATION CENTER - OAHU & MAUI
- HANA LIKE HOME VISITORS
- KANEOHE COMMUNITY FAMILY CENTER
- KPT COMMUNITY TEENS
- KPT FAMILY CENTER
- MICRO-ENTERPRISE/ ECONOMIC DEVELOPMENT
- PARENTING - OAHU & MAUI
- PU'UHONUA-DOMESTIC VIOLENCE CENTER
- RESPIRE CARE
- WORK/FAMILY DIRECTIONS

Member:
Child Welfare League of America



⑦
INVOICE #: H21-23/APR

③
CONTRACT NO: ASO LOG 98- [REDACTED]
(HANA LIKE - HEALTHY START SERVICES)

DATE OF INVOICE: 6/5/98

②
BILL TO: DEPARTMENT OF HEALTH
MATERNAL CHILD HEALTH
741-A SUNSET AVE, ROOM 204
HONOLULU, HI 96816

④
Invoice for the month of April, 1998 based on Billing Report Summary to MCHB under contract ASO LOG 98- [REDACTED].

BILLING PER UNITS OF SERVICE:

HL - MOANALUA/REDHILL - \$	[REDACTED]
HL - KALIHI PALAMA -	[REDACTED]
HL - WINDWARD -	[REDACTED]
TOTAL - \$	[REDACTED] ⑤

[REDACTED]

[REDACTED]

[REDACTED]

⑪

We certify that the services we provided are in accordance with the terms of our contract.

Garret J. Kawamura ⑧
Garret J. Kawamura ⑨
Deputy Director of Operations ⑩

June 5, 1998 ⑥
Date

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Standard Invoice

K05

Agency's name & address

[Redacted Agency Name & Address]

6167

INVOICE

DOH-98- ³ [Redacted]	DATE	NUMBER
	05-29-98 ⁶	6167 ⁷

Billing Address

²
State
Dept
& Branch
being billed

MATERNAL & CHILD HEALTH BRANCH
DEPARTMENT OF HEALTH
744-A SUNSET AVENUE, SUITE 205
HONOLULU HI 96816

Service Address

MATERNAL & CHILD HEALTH BRANCH
ATTENTION: [Redacted]
RE: [Redacted]

⁴
APRIL 1998 BILL FOR [Redacted]

Charge	Item Description	Number	Unit Price	Amount
	APR98:BILL - [Redacted]			[Redacted]
	JUN - [Redacted]			
	AWW			
	Total			⁵ [Redacted]

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: Home Visiting Billing Definitions

Available for Download at: <http://goo.gl/0qadCx>

Definitions used to determine the total number of Direct and Indirect Service Hours for the Home Visiting Invoice Form.

Page 1

Hawaii Home Visiting Network Home Visiting (HV) Billing Definitions
Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
Prenatal Services: Services provided to pregnant women in home visiting programs.	1. Face-to-face home visit time with eligible pregnant women and family only.	1. Case notes – Start and End time must be documented	1. Intake 2. FSP 3. Parenting education 4. Crisis intervention 5. Family strengthening activities 6. Administer/discuss screening tools 7. Administer/discuss scales 8. Administer/discuss assessments 9. Administer/discuss pre- post-tests
Home Visit: A scheduled or unscheduled home visit with eligible children and family (ideally should include the target child).	1. Face-to-face home visit time with eligible child or family only.	1. Case notes – Start and End time must be documented. 2. Home visits must be documented on the Family Service Plan (FSP) 3. Agency time sheet log	1. Intake 2. FSP 3. Parenting education 4. Crisis intervention 5. Family strengthening activities 6. Parent/child interaction activities 7. Transition activities 8. Administer/discuss developmental screening 9. Administer/discuss screening tools 10. Administer/discuss scales 11. Administer/discuss assessments 12. Administer/discuss pre- post-tests

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 2

Hawaii Home Visiting Network Home Visiting (HV) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
Child Team Meeting: Scheduled meeting for substantive discussion regarding a family and child’s progress or lack of progress.	<ol style="list-style-type: none"> 1. This should include as many Family Service Plan (FSP) team members as necessary and appropriate. The Child Team meeting is <u>NOT</u> a part of the FSP meeting, although the FSP meeting may be scheduled as a result of the Child Team meeting. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 2. Agency time sheet log 	<ol style="list-style-type: none"> 1. Discuss FSP progress or lack of progress 2. Discuss developmental screening 3. Discuss screening tools 4. Discuss scales 5. Discuss assessments 6. Discuss pre- post-tests
Groups: Professional facilitation of group activities to support the child’s or family’s goals on their Family Service Plan (FSP)	<ol style="list-style-type: none"> 1. Group participation by consumer must be indicated as an intervention on the FSP. 2. Only time the home visitor spent in face-to-face group activities with an eligible child or family. 3. Clean-up time or time to develop materials are not included in this category 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 2. Group activities must be documented on the FSP. 3. Records should indicate number and names of group attendees. 	<ol style="list-style-type: none"> 1. Face-to-face group activities with an eligible child or family.

Page 3

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Hawaii Home Visiting Network Home Visiting (HV) Billing Definitions
Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
Preparation Time: Time for preparation for home visit service activities.	1. Time reflected will be monitored by MCHB	1. Case notes – Start and End time must be documented. 2. Agency time sheet log	1. Gathering materials 2. Planning activities 3. Logistical planning/preparation 4. Referrals - telephone contact and other means of electronic communication with other agencies/organizations. 5. Telephone contact and other means of electronic communication with family. 6. Documentation in progress case notes.
Outreach: “No Show” for a scheduled or unscheduled home visit, regardless of the home visit scheduled in the home or outside of home and the child and/or caregiver is not present. Unscheduled drop-in home visits, telephone or electronic communication may be used to reconnect with the family and reschedule regular home visits.	1. May be a “No Show” with a maximum waiting time of 15 minutes or a cancellation, if the cancellation occurred within twenty-four (24) hours of scheduled visit. 2. Unscheduled drop-in visits 3. Telephone contact and other means of electronic communication to reschedule visits.	1. Case notes – Start and End time must be documented.	1. 15 minutes No Show 2. 15 minutes Cancellation within 24 hours of scheduled visit 3. Unscheduled drop-in home visits to reconnect with the family and reschedule home visits 4. Telephone contact and other means of electronic communication with family.
Travel: Time necessary for the home visitor to travel to and from a home or community site to provide services.	1. Travel time is between program site and service site, OR between home visitors home and service site when time and distance is a factor.	1. Case notes – Start and End time must be documented.	1. Travel time between program site and service site. 2. Travel time between home visitors home and service site.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Hawaii Home Visiting Network Home Visiting (HV) Billing Definitions
Billing definitions are subject to change by DOH MCHB

Indirect Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
Supervision: Supervision is provided to support and assist the home visitor in learning the skills necessary to meet the needs of the family. Supervision may include Administrative, Clinical and or Reflective Supervision.	<ol style="list-style-type: none"> 1. Minimum of one and a half (1.5) hours per home visitor per week. 2. Billed by home visitor for time spent with supervisor for weekly supervision. 3. Does <u>NOT</u> include staff meetings or group supervision. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 2. Supervisor or home visitor personnel files 3. Supervisory notes should minimally document issues, concerns discussed. 	<ol style="list-style-type: none"> 1. Individual supervision
Orientation: Training new employees ninety (90) days following date of hire.	<ol style="list-style-type: none"> 1. Cannot exceed five (5) hours per day. 2. Use other categories when applicable, such as supervision, family training, child team meeting and groups. 	<ol style="list-style-type: none"> 1. Orientation notes – Start and End time must be documented. 2. Case notes- Start and End time must be documented 	<ol style="list-style-type: none"> 1. Orientation training not to exceed five (5) hours per day.
Professional Development: Annual clock hour requirements as required by home visiting model for continued funding, recertification or accreditation.	<ol style="list-style-type: none"> 1. Model specific training 2. Hawaii Home Visiting Network wrap-around training 3. Agency specific training 	<ol style="list-style-type: none"> 1. Home visitor personnel files 	<ol style="list-style-type: none"> 1. Clock hour in model specific, agency specific or wrap-around training

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: Early Identification Billing Definitions

Available for download at <http://goo.gl/WG69dS>

Definitions used to determine the total number of Direct and Indirect Service Hours for the Early Identification Invoice Form.

Page 1

Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
Screen: Professional time for assessing the geographic service region, eligibility criteria and conducting and scoring the 15 point screen.	<ol style="list-style-type: none"> 1. Prenatal women and families with children no more than 14 days (2 weeks) old. 2. Assessing the geographic service region for the EID hospital. 3. Screens may occur in the EID hospital, family home or by telephone of all eligible mothers in civilian hospitals following the birth of their child. 4. DOH approved eligibility criteria must be used. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 	<ol style="list-style-type: none"> 1. Assessing the geographic service region 2. Determining eligibility criteria 3. Conducting 15 point screen. 4. Scoring 15 point screen.
Recruitment Activities: Offering free home visiting services to all eligible mothers in civilian hospitals following the birth of their child. Refer eligible families to home visiting services. Refer ineligible families to other community services as needed.	<ol style="list-style-type: none"> 1. Prenatal women and families with children no more than 14 days (2 weeks) old. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 	<ol style="list-style-type: none"> 1. Describing and offering free home visiting services to all eligible mothers. 2. Refer ineligible families to other community services as needed.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 2

Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
Preparation Time: Time for preparation service activities; gathering materials, telephone contact and other means of electronic communication with hospital, other agencies or organizations.	<ol style="list-style-type: none"> 1. Time reflected will be monitored by MCHB 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 2. Agency time sheet log 	<ol style="list-style-type: none"> 1. Gathering materials 2. Planning activities 3. Logistical planning/preparation 4. Referrals - telephone contact and other means of electronic communication with hospital, other agencies/organizations.
Outreach: Time spent following up to conduct screens for families that could not be contacted via the usual hospital route. Time spent following up on referrals made by other community entities for home visiting services.	<ol style="list-style-type: none"> 1. Prenatal women and families with children no more than 14 days (2 weeks) old. 2. Face-to-face home visit or telephone contact with eligible pregnant women and eligible mothers following the birth of their child. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 	<ol style="list-style-type: none"> 1. 15 minutes No Show 2. 15 minutes Cancellation within 24 hours of scheduled visit
Travel: Time necessary for the family assessment worker to travel to and from a home or community site to conduct service activities associated with the screening of prenatal women and families with children no more than 14 days (2 weeks) old.	<ol style="list-style-type: none"> 1. Travel time is between program site and service site, OR between family assessment workers home and service site when time and distance is a factor. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 	<ol style="list-style-type: none"> 1. Travel time between program site and service site. 2. Travel time between family assessment workers home and service site.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 3

Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
<p>Resource network facilitation and follow-up: Facilitation and follow-up includes, but is not limited to, obtaining information about community resources, identifying specific agency contacts, making referrals of eligible and ineligible families to other community services as needed, following up with the family and the referral source (with permission), documentation of efforts and results, and community networking and collaboration.</p>	<ol style="list-style-type: none"> 1. Direct service time obtaining information about community resources, identifying specific agency contacts, making referrals of eligible and ineligible families to other community services as needed. 2. Direct service time following up with the family. 3. Direct service time following up and the referral source (with permission). 4. Community networking and collaboration. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 	<ol style="list-style-type: none"> 1. Referrals - telephone contact and other means of electronic communication with other agencies/organizations. 2. Telephone contact and other means of electronic communication with family. 3. Logistical planning/preparation with the family. 4. Documentation in progress case notes.

Page 4

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Indirect Service			
<p>Supervision: Supervision is provided to support and assist the family assessment worker in learning the skills necessary to screen for the needs of the family. Supervision may include Administrative, Clinical and or Reflective Supervision.</p>	<ol style="list-style-type: none"> 2. Minimum of one and a half (1.5) hours per home visitor per week. 3. Billed by home visitor for time spent with supervisor for weekly supervision. 4. Does <u>NOT</u> include staff meetings or group supervision. 	<ol style="list-style-type: none"> 1. Case notes – Start and End time must be documented. 2. Supervisor or home visitor personnel files 3. Supervisory notes should minimally document issues, concerns discussed. 	<ol style="list-style-type: none"> 5. Individual supervision
<p>Orientation: Training new employees ninety (90) days following date of hire.</p>	<ol style="list-style-type: none"> 1. Cannot exceed five (5) hours per day. 2. Use other categories when applicable, such as supervision, family training, child team meeting and groups. 	<ol style="list-style-type: none"> 1. Orientation notes – Start and End time must be documented. 2. Case notes- Start and End time must be documented 	<ol style="list-style-type: none"> 1. Orientation training not to exceed five (5) hours per day.
<p>Professional Development: Annual clock hour requirements as required by home visiting model for continued funding, recertification or accreditation.</p>	<ol style="list-style-type: none"> 1. Model specific training 2. Hawaii Home Visiting Network wrap-around training 3. Agency specific training 	<ol style="list-style-type: none"> 1. Home visitor personnel files 	<ol style="list-style-type: none"> 1. Clock hour in model specific, agency specific or wrap-around training

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: POST 210

Available for Download at <http://goo.gl/60R5zH>

NOTE: Required to be signed in BLUE ink and must be received by MCHB within five (5) business days from date signed.

- A. Budget, Total Contract - This column includes the most recently approved budget for the reporting fiscal year.
- B. Prior Periods to Date (Cumulative) - This column includes cumulative expenditures incurred up to the reporting month.
- C. Current Reporting Period - This column includes expenditures incurred in the current reporting month.
- D. Contract Period to Date - This column is the cumulative expenditures incurred through the end of the reporting month.
- E. Balance - The difference of cumulative expenditures to date from the budget.
- F. Percent Expended - The percentage difference of cumulative expenditures to date to the budget.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Provider: _____						
Contract No.: _____						
EXPENDITURE CATEGORIES	Approved Budget Amount (a)	Prior Periods to Date (Cumulative) (b)	Current Reporting Period (c)	Contract Period to Date (b) + (c) (d)	Balance (a) - (d) (e)	% Expended (d / a) (f)
A. PERSONNEL COST						
1. Salaries						
2. Payroll Taxes & Assessments						
3. Fringe Benefits						
TOTAL PERSONNEL COST						
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island						
2. Airfare, Out-of-State						
3. Audit Services						
4. Contractual Services - Administrative						
5. Contractual Services - Subcontracts						
6. Insurance						
7. Lease/Rental of Equipment						
8. Lease/Rental of Motor Vehicle						
9. Lease/Rental of Space						
10. Mileage						
11. Postage, Freight & Delivery						
12. Publication & Printing						
13. Repair & Maintenance						
14. Staff Training						
15. Substance/Per Diem						
16. Supplies						
17. Telecommunication						
18. Transportation						
19. Utilities						
20.						
21.						
22.						
23.						
TOTAL OTHER CURRENT EXPENSES						
C. EQUIPMENT PURCHASES						
D. MOTOR VEHICLE PURCHASES						
TOTAL EXPENDITURES						
For Official Use Only	DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period stated.					
	Report Prepared By:					
Signature of Program Reviewer	Date	Name (Please Type or Print)			Phone	
Signature of Fiscal Reviewer	Date	Signature of Provider's Authorized Official			Date	
		Name and Title (Please Type or Print)				
ADM. SERV. OFFICE	Exhibit "F"			POST 210		

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: Early Identification Monthly Report

Tutorial Videos are available at <http://goo.gl/DvgSaO>

A security warning may appear when opening this file due to macros that MCHB staff use when compiling data. Macros are not required to be enabled to complete the report.

Examples:

Sheet "EID"

To add a new row, select an entire row within the training section, right-click, and select "insert."

Program Name	
Model	
Servicing area	
Reporting Month	
Completed by	
Report date	

Early Identification

Training:

Date Completed	Training Topic	Trainer/Mentor	Hours

Sheet "Increase Screening Referrals"

Brief description of activities implemented to increase screenings and referrals:

HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

Sheet "Monthly Referrals"

Legend:

Families Screened:	Provide the number of families that received a 15-point screen
Families Not Screened:	Of the target population, provide the number of families that did not receive a MIECHV and/or 15-point screen
Families Screened Positive	Of the families that received the 15-point screen, provide the number that scored positive
Families Screened Negative	Of the families that received the 15-point screen, provide the number that scored negative
Families Offered Home Visiting:	Of the families that received the 15-point screen and scored positive, provide the number that were offered Home Visiting Services.
Families Not Offered Home Visiting:	Of the families that received the 15-point screen and scored negative, provide the number of families that were not offered Home Visiting Services.
Families Offered Services Who Accept Services:	Of the families that were offered services, provide the number of families who accept services
Families Offered Services Who Declined Services:	Of the families that were offered services, provide the number of families who declined services

Month	# Families Screened (15 pt for risk indicators)	# Families Not Screened (15 pt for risk indicators)	# Families Screened Positive	# Families Screened Negative	# Families Offered Home Visiting [# of families who screened positive and were offered HV services]	# Families Not Offered Home Visiting [# of families who screened positive and were not offered HV services]	# Families Offered Services Who Accept Services	# Families Offered Services Who Decline Services
Please report previous and current quarter information								
July								
Aug.								
Sept.								
1st Quarter Total								
Oct.								
Nov.								
Dec.								
2nd Quarter Total								
Jan.								
Feb.								
Mar.								
3rd Quarter Total								
Apr.								
May								
June								
4th Quarter Total								
Total for Year								

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "CWS Referrals"	
Legend:	
Were there any suspected cases of Child Abuse reported to CWS during this reporting period?	Provide the number of suspected cases of CWS abuse that were reported by direct service staff during the reporting period.
How many cases were reported during this reporting period?	This item will not appear unless "YES" is selected from the drop-down menu. Provide the number of cases that were reported during this reporting period.
Were all cases entered into the Data Management System	If the number of cases entered into the Data Management System for the reporting period equal the number of cases that were reported during the reporting period, select "Yes." If the number of cases entered into the Data Management System for the reporting period is less than the number of cases that were reported during the reporting period, select "No."
<div style="background-color: yellow; border: 1px solid black; padding: 5px; display: flex; justify-content: space-between; margin-bottom: 10px;"> Program: Service Area: </div> <hr/> <p>Were there any suspected cases of Child Abuse reported to CWS during this reporting period? <input style="width: 100px;" type="text" value="YES"/></p> <p>How many cases were reported during this reporting period? <input style="width: 100px;" type="text"/></p> <p>Were all cases entered into the Data Management System? <input style="width: 100px;" type="text"/></p>	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Staffing"

Legend:	
Staff ID	When available, provide a unique identification number MCHB staff can reference for the employee.
Staff Name	List staff that provide service under this contract, including interns.
Age (DOB)	Provide the age or date of birth of the staff.
Race/Ethnicity	Provide the race/ethnicity of the staff.
Other Languages	Provide languages other than English the employee speaks fluently.
Date of Hire	Provide the date of hire for the employee for the organization.
Date of Training Completion	Provide the date that model guidance indicates training of employee is complete. HFA – 6 Core Trainings PAT – Parent Educator
Position	Provide the name of the position the staff holds.
FTE	Provide the full-time equivalency the staff spends working on this contract.
Highest Degree Completed	Provide an acronym of the highest degree completed.
Prior Experience	Provide a very brief description of prior experience the employee has relating to providing home visiting services.
Parenting Status	If the staff member is a parent, enter "Yes", if not enter "No"
# of families screened this month	Provide the number of screens completed, including geographic screens.
Hrs. of One-to-One Supervision this period	Provide the number of one-to-one supervision the employee received during this reporting period
Date of Termination	If the staff's employment was terminated during this reporting period, provide the date of termination.
Reason Termination	If the staff's employment was terminated during this reporting period, provide the reason for termination of employment.
Notes Section	Provide an explanation for any variances in the notes section at the bottom of the report. Reference the staff name or ID number. Provide explanations variances for but not limited to, low number of families screened and less than expected supervision

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Staff ID	Staff Name	Age (DOB)	Race/Ethnicity	Other Languages	Date of Hire	Date of Training Completion	Position	FTE	Highest Degree Completed	Prior Exper.	Parenting Status	# of families screened this month	Hrs. of One-to-One Supervision This Period	Date of Termination	Reason for Termination

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Staffing Part 2"

Describe any vacancies withing your program (home visitors, supervisors, data managers, etc.), how it is affecting program deliverables, and your plan to fill those vacancies with anticipated hire date(s).

Describe any staffing changes (new staff, promotions, terminations, changes to full-time equivalency, etc.) that your program has experienced during this reporting period.

Sheet "Output Measures"

Complete column "E" – Prior reporting periods to date (Cumulative) and column "F" Current Reporting Period for each of the items described below:

Legend:

A1) Births in EID Hospital	Of the births specified in the EID contract, provide the number of births in the specified hospitals.
A2) Births in Geographic Target Area/Region	Provide the number of births in the target area/region for the reporting period.
S1) Families Screened	Provide the number of families that received a 15-point screen.
S2) Families Not Screened	Of the target population, provide the number of families that did not receive a MIECHV and/or 15-point screen.
RA1) Families Offered Home Visiting	Of the families that received the 15-point screen and scored positive, provide the number that were offered Home Visiting Services.
RA2) Families Not Offered Home Visiting	Of the families that received the 15-point screen and scored negative, provide the number of families that were not offered Home Visiting Services.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

RA3) Ineligible Families Referred to Other Community Services	Provide the number of families that were not eligible due to geographic location, MIECHV eligibility, or 15-point screening that were referred to other community services. This does not include handing out a resource guide where un-specific referrals were made.
RA4) Families with + Screen Offered Services Who Accept Services	Provide the number of families that pass MIECHV eligibility and screen positive on the 15-point screening, who were offered and accepted HV services.
RA5) Families with + Screen Offered Services Who Decline Services	Provide the number of families that pass MIECHV eligibility and screen positive on the 15-point screening, who were offered and declined HV services.
D28) Number of enrolled index mothers who received a referral to domestic violence services	Provide the number of index mothers who received a referral to domestic violence services.
D29) Number of enrolled index mothers who completed a safety plan	Provide the number of safety plans completed for enrolled index mothers.
F34) Number of enrolled families screened for necessary services and received a referral	Provide the number of referrals for necessary services provided to enrolled families.
F35) Number of documented MOUs or other formal agreements with hospital(s), other agencies/organizations	Provide the number of MOUs or other formal agreements with hospital(s), other agencies/organizations, etc.
F36) Total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact	Provide the total number of collaborating community agencies with which the home visiting program has a clear point of contact. "Clear point of contact is defined as having: name, phone number, email address."
F37) Total enrolled families that were screened and received a referral for whom receipt of services was confirmed	Provide the total number of enrolled families who were screened and received referrals for which receipt of services was confirmed. "Confirmation is defined as family's self-report."

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Column A	Column A - Description	Column F	Column E	Column G	Column H	Column I
Program Activity Code	Program Activity Description	Current Reporting Period	Prior Reporting Periods to Date (Cumulative)	Contract Period to Date Column E + Column F	Cumulative Goal to Date	Explanation of Contract Period to Date variance from Monthly Performance Goal. <u>(Attach additional sheets or word documents as needed.)</u>
A1	Births in EID Hospital					
A2	Births in Geographic Target Area/Region					
S1	Families Screened	#N/A		#N/A		
S2	Families Not Screened	#N/A		#N/A		
RA1	# Families Offered Home Visiting	#N/A		#N/A		
RA2	# Families Not Offered Home Visiting	#N/A		#N/A		
RA3	# Ineligible Families Referred to Other Community Services					
RA4	# Families with + Screen Offered Services Who Accept Services	#N/A		#N/A		
RA5	# Families with + Screen Offered Services Who Decline Services	#N/A		#N/A		
D28 (4.2)	Number of enrolled index mothers who received a referral to domestic violence services					
D29 (4.3)	Number of enrolled index mothers who completed a safety plan					
F34 (6.1)	Number of enrolled families screened for necessary services and received a referral					
F35 (6.3)	The number of documented MOUs or other formal agreements with hospital(s), other agencies/organizations.					
F36 (6.4)	The total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact					
F37 (6.5)	Total families that were screened and received a referral for whom receipt of services was confirmed					
	Model Specific Outputs					
H1						
H2						
H3						

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: Home Visiting Monthly Report

Tutorial Videos are available at <http://goo.gl/kOOiZU>

A security warning may appear when opening this file due to macros that MCHB staff use when compiling data. Macros are not required to be enabled to complete the report.

Example:

Sheet "Home Visiting"

Organization	
Model	
Servicing area	
Reporting Month	
Completed by	
Report date	

Home Visiting

Number of children visiting the Emergency Department for all causes this month:

Provide a brief description of the reason for each visit:

Number of mothers visiting the Emergency Department for all causes this month:

Provide a brief description of the reason for each visit:

Number of children who had injuries requiring medical treatment this month:

Provide a brief description of the reason for each visit:

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Capacity"	
Legend:	
Total Number of Families Enrolled Actual	At the end of the enrollment period, provide the total number of enrolled families.
Provide the total number of families that have not completed a home visit – Over X days	At the end of the enrollment period, provide the total number of enrolled families that have not had a home visit in 45 and 90 days
List challenges that contributed to not meeting the capacity goal and your plan to overcome those challenges and meet capacity goal for the contract period.	List challenges that contributed to not meeting the capacity goal and your plan to overcome those challenges and meet capacity goal for the contract period.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Capacity

Provide the total number of families that have not completed a home visit:

Over 45, less than 90 days

Over 90 days



If your Capacity Goal was not met, list challenges that contributed to not meeting the capacity goal and your plan to overcome those challenges and meet your capacity goal for the contract period.

Sheet "Training"

To add a new row, select an entire row within the training section, right-click, and select "insert."

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Training:			
Date Completed	Training Topic	Trainer/Mentor	Hours

Sheet "Increasing Screening Retention"

Program: Service Area:
January 1900

Brief description of activities implemented to increase screening, engagement and retention:

Sheet "Monthly Referral"

Legend:	
Total # Terminated	Provide the total number of participants for which services had terminated.
# of Prenatal Referrals	Provide the number of Prenatal participants that were enrolled.
# Referrals	Provide the number of EID referrals received by the program.
# Enrolled Unduplicated (New)	Provide the number of newly enrolled participants for the reporting period.
# Enrolled Duplicated (Total)	Provide the total number of families that are enrolled in the program at the end of the reporting period.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Program: Service Area:					
Families					
Month	Total # Terminated	# Prenatal Referrals	# EID Referrals	# Newly Enrolled	Total # Enrolled
Please report previous and current quarter information					
July					
August					
September					
1st Quarter Average					Average
October					
November					
December					
2nd Quarter Average					Average
January					
February					
March					
3rd Quarter Average					Average
April					
May					
June					
4th Quarter Average					Average
Average for Year					Average

Children			
Month	Total # Terminated	# Newly Enrolled	Total # Enrolled
July			
August			
September			
1st Quarter Average			Average
October			
November			
December			
2nd Quarter Average			Average
January			
February			
March			
3rd Quarter Average			Average
April			
May			
June			
4th Quarter Average			Average
Average for Year			Average

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Weekly Visits"

Legend:

# of Expected Home Visits	For the reporting period, provide the total number of expected home visits.
Total Visits not completed	This field populates automatically. Operation: # of expected minus # of Home Visits.
# of Home Visits	Provide the number of completed home visits. Not required for programs that use the DOH MIS.
# of Families Served	Provide the number of unique families served. Not required for programs that use the DOH MIS.

Program: <input type="text"/> Service Area: <input type="text"/>					
January 1900 <input type="text"/>					
WEEK	# OF EXPECTED HOME VISITS	TOTAL VISITS NOT COMPLETED	# OF HOME VISITS	# OF FAMILIES SERVED	Reporting # of Families Served and # of Home Visits is only required for providers that do not use the DOH Data Management System.
WEEK 1		0			<p>Week 1 begins on the first of the month. The week ends at the 11:59 p.m. on Saturday.</p> <p>New weeks begin on Sundays.</p>
WEEK 2		0			
WEEK 3		0			
WEEK 4		0			
WEEK 5		0			

Sheet "CWS Referrals"

Legend:

Were there any suspected cases of Child abuse reported to "CWS" (Child Welfare Services) during this reporting period?	Provide the number of suspected cases of CWS abuse that were reported by direct service staff during the reporting period.
How many cases were reported during this reporting period?	<p>This item will not appear unless "YES" is selected from the drop-down menu.</p> <p>Provide the number of cases that were reported during this reporting period.</p>
Were all cases entered into the Data Management System	<p>If the number of cases entered into the Data Management System for the reporting period equal the number of cases that were reported during the reporting period, select "Yes."</p> <p>If the number of cases entered into the MIS for the reporting period is less than the number of cases that were reported during the reporting period, select "No."</p>

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Program:		Service Area:	
Were there any suspected cases of Child Abuse reported to CWS during this reporting period?		<input type="text" value="yes"/>	
How many cases were reported during this reporting period?		<input type="text"/>	
Were all cases entered into the Data Management System?		<input type="text"/>	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Staffing"

Legend:	
Staff ID	When available, provide a unique identification number MCHB staff can reference for the employee.
Staff Name	Provide staff that provide service under this contract, including interns
Age (DOB)	Provide the age or date of birth of the staff.
Race/Ethnicity	Provide the race/ethnicity of the staff.
Other Languages	Provide languages other than English the employee speaks fluently.
Date of Hire	Provide the date of hire for the employee for the organization.
Date of Training Completion	Provide the date that
Position	Provide the name of the position the staff holds.
FTE	Provide the full-time equivalency the staff spends working on this contract.
Highest Degree Completed	Provide an acronym of the highest degree completed.
Prior Exper.	Provide a very brief description of prior experience the employee has relating to providing home visiting services.
Parenting Status	Submit "Yes" if the employee is a parent, "No" if the employee is not a parent.
Avg. Caseload	Provide the average caseload during the reporting period.
Hrs. of Ones-to-One Supervision This Period	Provide the number of one-to-one supervision the employee received during this reporting period
Date of Termination	If the staff's employment was terminated during this reporting period, provide the date of termination.
Reason Termination	If the staff's employment was terminated during this reporting period, provide the reason for termination of employment.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Staff ID	Staff Name	Age (DOB)	Race/Ethnicity	Other Languages	Date of Hire	Date of Training Completion	Position	FTE	Highest Degree Completed	Prior Exper.	Parenting Status	Avg. Caseload	Hrs. of One-to-One Supervision This Period	Date of Termination	Reason for Termination

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Staffing 2"

Program:	Service Area:
January 1900	

Describe any vacancies withing your program (home visitors, supervisors, data managers, etc.), how it is affecting program deliverables, and your plan to fill those vacancies with anticipated hire date(s).

Describe any staffing changes (new staff, promotions, terminations, changes to full-time equivilancy, etc.) that your program has experienced during this reporting period.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Output Measures"		
Legend:		
A1 (1.1)	Women who were pregnant at enrollment who received their first prenatal care visit before the end of the second trimester	Of women who were enrolled parentally, provide the number who received their first prenatal care visit before the end of the second trimester.
A2 (1.2)	Number of enrolled smokers at intake, who reported decreased smoking by one year post enrollment	For participants that were smokers at enrollment, provide the number of participants that reported decreased smoking at one (1)-year post enrollment.
A3 (1.3)	Number of post partum women who reported a post partum examination	Provide the number of women who reported a postpartum examination
A4 (1.4)	Total number of enrolled mothers and pregnant women who received birth spacing education within 6 months of enrollment	Provide the number of mothers and pregnant women who received birth spacing education within six (6) months of enrollment. Mothers that receive postpartum examination discuss birth spacing therefor a postpartum examination will count towards this item.
A5 (1.5)	Number of enrolled mothers who were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale between enrollment and 6 months post enrollment	Provide the number of mothers who received the Edinburgh Postnatal Depression scale within six (6) months of enrollment.
A6 (1.6)	Total number of weeks that index women who enrolled parentally spent breastfeeding	Of mothers who enrolled parentally, provide the total number of weeks that index women spent breastfeeding. Example: Mother#1 reports 5 weeks. Mother#2 reports 15 weeks. Record 20 for this element.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

A7 (1.7)	Number of index children enrolled for at least 6 months who received the recommended schedule of immunizations	Of the number of children who are enrolled for at least six (6) months, provide the total number who received the recommended schedule of immunizations.
A8 (1.8)	Number of mothers with health insurance plus the number of index children with health insurance by 6 months post enrollment	Of the number of mothers and children who are enrolled for at least 6 months, provide the total number of mothers plus children that have health insurance.
B9 (2.1)	Total number of emergency department visits by index children in the program	Provide the total number of Emergency Department visits by index children.
B10 (2.2)	Total number of emergency department visits by enrolled mothers in the program	Provide the total number of Emergency Department visits by enrolled mothers.
B11 (2.3)	Number of enrolled families who have received information or training on the prevention of child injuries	Provide the total number of families who received information or training on prevention of child injuries.
B12 (2.4)	Total number of injuries index children receive requiring medical treatment	Provide the total number of index children who had an injury that required medical treatment.
B13 (2.5)	Number of index children in the program who are reported to Child Welfare Services for suspected maltreatment	Provide the number of index children in the program who the program reported to CWS for suspected maltreatment.
B14(2.6)	Number of index children in the program who are substantiated by Child Welfare Services for maltreatment	Provide the number of index children in the program who CWS substantiates maltreatment.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

B15 (2.7)	Number of index children in the program who are first time victims of maltreatment	Provide the number of index children who are first-time victims of maltreatment.
C16 (3.1)	Adult enrolled index participants whose Learning Materials subscale score is above 7 at one year post enrollment	Of adult enrolled index participants that have been enrolled for one (1) year, provide the total number whose Learning Materials subscale score is above seven (7).
C17 (3.2)	Number of ASQ-3 results reviewed with the adult enrolled index participants	Provide the total number of ASQ results reviewed with adult enrolled index participants. <ol style="list-style-type: none"> 1. ASQ-3 intervals: 2, 4, 8, 9, 12, 16, 20, 24, 30, and 36 months of age. 2. ASQ:SE intervals: 6, 12, 18, 24, 30, and 36 months of age.
C18 (3.3)	Number of adult enrolled index participants whose HOME scores are above 32 on the HOME at one year post enrollment	Of adult enrolled index participants that have been enrolled for one (1) year, provide the total number whose HOME scores are above 32.
C19 (3.4)	Number of enrolled mothers who were screened for depressive symptoms or stress using the Edinburgh Postnatal Depression Scale or the Parent Stress Index between enrollment and 6 months post enrollment	Of the mothers who are enrolled for six (6) months, provide the total number of mothers who were screened for depressive symptoms or stress using the Edinburgh Postnatal Depression Scale or Parent Stress Index.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

<p>C20 (3.5)</p>	<p>Number of enrolled index children screened for developmentally appropriate communication skills at target age</p>	<p>Provide the total number of enrolled index children that were screened for developmentally appropriate communication skills at target age.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Target Age</th> </tr> <tr> <th>6 months</th> <th>36 months</th> </tr> </thead> <tbody> <tr> <td>Age-Specific ASQ-3</td> <td></td> <td></td> </tr> <tr> <td>HFA</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>PAT</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>HIPPY</td> <td></td> <td style="text-align: center;">√</td> </tr> </tbody> </table>		Target Age		6 months	36 months	Age-Specific ASQ-3			HFA	√		PAT	√		HIPPY		√
	Target Age																		
	6 months	36 months																	
Age-Specific ASQ-3																			
HFA	√																		
PAT	√																		
HIPPY		√																	
<p>C21 (3.6)</p>	<p>Number of enrolled index children screened for general cognitive skills at target age</p>	<p>Provide the total number of enrolled index children that were screened for cognitive skills at target age.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Target Age</th> </tr> <tr> <th>6 months</th> <th>36 months</th> </tr> </thead> <tbody> <tr> <td>ASQ-3</td> <td></td> <td></td> </tr> <tr> <td>HFA</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>PAT</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>HIPPY</td> <td></td> <td style="text-align: center;">√</td> </tr> </tbody> </table>		Target Age		6 months	36 months	ASQ-3			HFA	√		PAT	√		HIPPY		√
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HIPPY		√																	
<p>C22 (3.7)</p>	<p>Number of index children at target age that score above the cut off on the target age ASQ- SE</p>	<p>Provide the total number of enrolled index children that were above the cutoff on the target age ASQ-SE.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Target Age</th> </tr> <tr> <th>8 months</th> <th>36 months</th> </tr> </thead> <tbody> <tr> <td>ASQ-SE</td> <td></td> <td></td> </tr> <tr> <td>HFA</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>PAT</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>HIPPY</td> <td></td> <td style="text-align: center;">√</td> </tr> </tbody> </table>		Target Age		8 months	36 months	ASQ-SE			HFA	√		PAT	√		HIPPY		√
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HIPPY		√																	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

C24 (3.9)	Number of enrolled index children that score above the cut off for the Gross Motor section of the ASQ-3 at target age	<p>Provide the total number of enrolled index children that were above the cutoff on the target age ASQ-3 – Gross Motor section.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Target Age</th> </tr> <tr> <th>6 months</th> <th>36 months</th> </tr> </thead> <tbody> <tr> <td>Age-Specific ASQ-3 Gross Motor Section</td> <td></td> <td></td> </tr> <tr> <td>HFA</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>PAT</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>HIPPY</td> <td></td> <td style="text-align: center;">√</td> </tr> </tbody> </table>		Target Age		6 months	36 months	Age-Specific ASQ-3 Gross Motor Section			HFA	√		PAT	√		HIPPY		√
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	6 months	36 months																	
Age-Specific ASQ-3 Gross Motor Section																			
HFA	√																		
PAT	√																		
HIPPY		√																	
D27 (4.1)	Number of enrolled index mothers who are screened for Domestic Violence within 6 months post enrollment	Of the number of mothers enrolled for six (6) months or less, provide the total number of mothers that were screened for Domestic Violence.																	
D28 (4.2)	Number of enrolled index mothers who received a referral to domestic violence services	Provide the total number of enrolled index mothers who received a referral to Domestic Violence Services																	
D29 (4.3)	Number of enrolled index mothers who completed a safety plan	Provide the total number of enrolled index mothers who completed a safety plan.																	
E30 (5.1)	Average income for adult enrolled index participants one year post enrollment	This item is reported upon MCHB request.																	
E31 (5.2)	Total number of monthly paid hours plus unpaid hours devoted to infant child care (30 hours max) by all adult enrolled index participant members of the household	Provide the total number of monthly paid hours plus unpaid hours devoted to infant child care (30 hours max) by all adult enrolled index participant members of the household. Follow MIECHV Benchmark Data FAQ guidance (April 2014) for individual calculation guidance.																	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

E32a (5.3)	Number of hours per month spent by adult enrolled index participants in education programs	Provide the total number of hours that enrolled adult participants spent in education programs. First to Work program hours should be counted as education, because it is unpaid. Please only include paid, direct compensation in paid work time. Time studying is not counted.
E32b (5.4)	Number of mothers with health insurance plus the number of index children with health insurance.	Provide the total number of mothers plus index children that have health insurance.
F33 (6.1)	Number of enrolled families screened for necessary services	Provide the total number of enrolled families that were screened for necessary services.
F34 (6.2)	Number of enrolled families screened for necessary services and received a referral	Provide the total number of enrolled families that were screened for necessary services and received a referral.
F35 (6.3)	The number of documented MOUs or other formal agreements	Provide the total number of Memorandums of Understandings ("MOU") or other formal agreements.
F36 (6.4)	The total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact	Provide the total number of collaborating community agencies with which the home visiting program has a clear point of contact. "Clear point of contact is defined as having: name, phone number, email address."
F37 (6.5)	Total enrolled families that were screened and received a referral for whom receipt of services was confirmed	Provide the total number of enrolled families who were screened and received referrals for which receipt of services was confirmed. "Confirmation is defined as family's self-report."
G1	Number of children who have a medical home	Provide the total number of children who have a medical home.
G2	Total Families Served	Provide the total number of families served during this reporting period.

HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

Sheet "Output Measures" Page 1

Program: Service Area:								January 1900
Program Activity Code (Benchmark)	Program Activity Description	Current Reporting Period	Prior Reporting Periods to Date (Cumulative)	Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal Column C ÷ 12 months	Contract Period to Date Column E + Column F	Cumulative Goal to Date	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets or word documents as needed.)
A1 (1.1)	Women who were pregnant at enrollment who received their first prenatal care visit before the end of the second trimester				0.0	0.0		
A2 (1.2)	Number of enrolled smokers at intake, who reported decreased smoking by one year post enrollment				0.0	0.0		
A3 (1.3)	Number of post partum women who reported a post partum examination				0.0	0.0		
A4 (1.4)	Total number of enrolled mothers and pregnant women who received birth spacing education within six months of enrollment				0.0	0.0		
A5 (1.5)	Number of enrolled mothers who were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale between enrollment and 6 months post enrollment				0.0	0.0		
A6 (1.6)	Total number of weeks that index women who enrolled prenatally spent breastfeeding				0.0	0.0		
A7 (1.7)	Number of index children enrolled for at least 6 months who received the recommended schedule of immunizations				0.0	0.0		
A8 (1.8)	Number of mothers with health insurance plus the number of index children with health insurance by 6 months post enrollment				0.0	0.0		
B9 (2.1)	Total number of emergency department visits by index children in the program	0.0			0.0	0.0		
B10 (2.2)	Total number of emergency department visits by enrolled mothers in the program	0.0			0.0	0.0		
B11 (2.3)	Number of enrolled families who have received information or training on the prevention of child injuries				0.0	0.0		
B12 (2.4)	Total number of injuries index children receive requiring medical	0.0			0.0	0.0		

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Output Measures" Part 2

Program Activity Code (Benchmark)	Program Activity Description	Current Reporting Period	Prior Reporting Periods to Date (Cumulative)	Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal Column C + 12 months	Contract Period to Date Column E + Column F	Cumulative Goal to Date	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets or word documents as needed.)
B13 (2.5)	Number of index children in the program who are reported to Child Welfare Services for suspected maltreatment				0.0	0.0		Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
B14 (2.6)	Number of index children in the program who are substantiated by Child Welfare Services for maltreatment				0.0	0.0		Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
B15 (2.7)	Number of index children in the program who are first time victims of maltreatment				0.0	0.0		Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
C16 (3.1)	Adult enrolled index participants whose Learning Materials subscale score is above 7 at one year post enrollment				0.0	0.0		
C17 (3.2)	Number of ASQ results reviewed with the adult enrolled index participants				0.0	0.0		
C18 (3.3)	Number of adult enrolled index participants whose HOME scores are above 32 on the HOME at one year post enrollment				0.0	0.0		
C19 (3.4)	Number of enrolled mothers who were screened for depressive symptoms or stress using the Edinburgh Postnatal Depression Scale or the Parent Stress Index between enrollment and 6 months post enrollment				0.0	0.0		
C20 (3.5)	Number of enrolled index children screened for developmentally appropriate communication skills at target age				0.0	0.0		
C21 (3.6)	Number of enrolled index children screened for general cognitive skills at target age				0.0	0.0		
C22 (3.7)	Number of index children at target age that score above the cut off on the target age ASQ- SE				0.0	0.0		

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Output Measures" Part 3

Program Activity Code (Benchmark)	Program Activity Description	Current Reporting Period	Prior Reporting Periods to Date (Cumulative)	Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal Column C + 12 months	Contract Period to Date Column E + Column F	Cumulative Goal to Date	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets or word documents as needed.)
C23 (3.8)	Number of index children at target age that score above the cut off on the target age ASQ- SE				0.0	0.0		
C24 (3.9)	Number of enrolled index children that score above the cut off for the Gross Motor section of the ASQ3 at target age				0.0	0.0		
D27 (4.1)	Number of enrolled index mothers who are screened for Domestic Violence within 6 months post enrollment				0.0	0.0		
D28 (4.2)	Number of enrolled index mothers who received a referral to domestic violence services				0.0	0.0		
D29 (4.3)	Number of enrolled index mothers who completed a safety plan				0.0	0.0		
E30 (5.1)	Average income for adult enrolled index participants one year post enrollment	X	X		0.0	0.0	X	Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
E31 (5.2)	Total number of monthly paid hours plus unpaid hours devoted to infant child care (30 hours max) by all adult enrolled index participant members of the household				0.0	0.0		
E32a (5.3)	Number of hours per month spent by adult enrolled index participants in education programs				0.0	0.0		
E32b (5.4)	Number of mothers with health insurance plus the number of index children with health insurance.				0.0	0.0		
F33 (6.1)	Number of enrolled families screened for necessary services				0.0	0.0		
F34 (6.2)	Number of enrolled families screened for necessary services and received a referral				0.0	0.0		
F35 (6.3)	The number of documented MOUs or other formal agreements				0.0	0.0		
F36 (6.4)	The total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact				0.0	0.0		

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Output Measures" Part 4

Program Activity Code (Benchmark)	Program Activity Description	Current Reporting Period	Prior Reporting Periods to Date (Cumulative)	Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal Column C ÷ 12 months	Contract Period to Date Column E + Column F	Cumulative Goal to Date	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets or word documents as needed.)
F37 (6.5)	Total enrolled families that were screened and received a referral for whom receipt of services was confirmed				0.0	0.0		
G1	Number of children who have a medical home				0.0	0.0		
G2	Total Families Served				0.0	0.0		
	Model Specific Outputs				0.0	0.0		
H1					0.0	0.0		
H2					0.0	0.0		
H3					0.0	0.0		
H4					0.0	0.0		
H5					0.0	0.0		

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: MIECHV Demographic Report

Only required of programs that do not use the DOH – Management Information System.

Sheet "Demographic A"

DEMOGRAPHIC & SERVICE UTILIZATION DATA FOR ENROLLEES AND CHILDREN

Reporting Period:

Section A: Unduplicated Count of Enrollees by Type and by Primary Insurance Coverage

Table A.1

1. Total Numbers of Newly Enrolled and Served During Reporting Period	Numbers of Newly Enrolled	Numbers Served During Reporting Period
Enrollees		
Index Children		
Households		

Table A.2

2. Enrollees: Insurance Status	No Insurance Coverage	Title XIX (Medicaid)/Title XXI (State Children's Insurance Program)	TRICARE	Private or Other	Unknown/ Not Reported	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
Total						

3. Index Children: Insurance Status	No Insurance Coverage	Title XIX (Medicaid)/Title XXI (State Children's Insurance Program)	TRICARE	Private or Other	Unknown/ Not Reported	Total
Index Children (0 - 5 years)						
Total						

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Demo_B"

Page 1

DEMOGRAPHIC & SERVICE UTILIZATION DATA FOR ENROLLEES AND CHILDREN

Reporting Period:

Section B: Enrollees and Children: Selected Characteristics by Ethnicity and Race

Table B

4. Enrollees	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
Female Caregivers											
Male Caregivers											
Pregnant Women											
Total											

5. Enrollees: Marital Status	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
Divorced											
Married											
Separated											
Single, Never Married											
Unknown/Did Not Report											
Widowed											
Total											

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 2

6. Female Enrollees: Educational Attainment	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
Bachelor's Degree, or Higher											
Currently Enrolled in HS											
GED											
High School Eligible, Not Enrolled											
HS Diploma											
Less Than HS Diploma											
Other											
Some College/Training											
Technical Training Certification, Associate's Degree											
Unknown/Did Not Report											
Total											

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 3

7. Male Enrollees: Educational Attainment	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
Bachelor's Degree, or Higher											
Currently Enrolled in HS											
GED											
High School Eligible, Not Enrolled											
HS Diploma											
Less Than HS Diploma											
Other											
Some College/Training											
Technical Training Certification, Associate's Degree											
Unknown/Did Not Report											
Total											

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 4

8. Female Enrollees: Age (In Years)	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
10 -14											
15-17											
18-19											
20-21											
22-24											
25-29											
30-34											
35-44											
45-54											
55-64											
65+											
Unknown/Did Not Report											
Total											

9. Male Enrollees: Age (In Years)	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
10 -14											
15-17											
18-19											
20-21											
22-24											
25-29											
30-34											
35-44											
45-54											
55-64											
65+											
Unknown/Did Not Report											
Total											

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 5

10. Female Index Children: Age (In Years)	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
1 - 2 Years											
3 - 5 Years											
Under 1 Year											
Unknown											
Total											

11. Male Index Children: Age (In Years)	Ethnicity				Race						
	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Category Selected	Unrecorded
1 - 2 Years											
3 - 5 Years											
Under 1 Year											
Unknown											
Total											

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Page 1

DEMOGRAPHIC & SERVICE UTILIZATION DATA FOR ENROLLEES AND CHILDREN

Reporting Period:

Section C & D

Section C: Socioeconomic Data

Table C.1

12. Household Income in Relation to Federal Poverty Guidelines	Number of Households
50% and Under	
51 - 100%	
101 - 133%	
134 - 250%	
251 - 300%	
Unknown/Did Not Report	
Total	

Table C.2

13. Enrollees: Employment Status	Number of Enrollees
Employed Full Time	
Employed Part-Time	
Not Employed	
Unknown/Did Not Report	
Total	

14. Enrollees: Education/Training Status	Number of Enrollees
Student/Trainee	
Not a Student/Trainee	
Unknown/Did Not Report	
Total	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Section D: Other Demographics

Table D.1

15. Enrollees: Age (In Years)	Pregnant Women	Female Caregivers	Male Caregivers
10 -14			
15-17			
18-19			
20-21			
22-24			
25-29			
30-34			
35-44			
45-54			
55-64			
65+			
Unknown/Did Not Report			
Total			

Table D.2

16. Primary Language Exposure of Index Children	Number of Index Children
English	
Spanish	
Arabic	
Chinese	
French	
Italian	
Japanese	
Korean	
Polish	
Russian	
Tagalog	
Vietnamese	
Tribal Languages	
Other	
Unknown/Did Not Report	
Total	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Sheet "Demo E&F"

DEMOGRAPHIC & SERVICE UTILIZATION DATA FOR ENROLLEES AND CHILDREN

SECTION E

Reporting Period:

Section E & F

Section E: Priority Populations - Actual Numbers Enrolled During Reporting Period

Table E

Legislatively Identified Priority Populations	Number of Newly Enrolled Individuals
17. Have Low Incomes	
18. Are Pregnant Women Who Have Not Attained Age 21	
19. Have a History of Child Abuse or Neglect or Have Had Interactions With Child Welfare Services	
20. Have a History of Substance Abuse or Need Substance Abuse Treatment	
21. Are Users of Tobacco Products in the Home	
22. Have or Have a Child/Children With Low Student Achievement	
23. Have a Child/Children With Developmental Delays or Disabilities	
24. Are in Families That Include Individuals Who Are Serving or Formerly Served in the Armed Forces Who Have Had Multiple Deployments Outside of the United States	

Section F: Service Utilization Across All Models

Table F.1

25. Family Retention Across All Models	Number of Families
Currently Receiving Services	
Completed Program	
Stopped Services before Completion	
Other	
Total	

Table F.2

26. Total Number of Home Visits	
---------------------------------	--

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: MIECHV Benchmarks Report

Only required of programs that do not use the DOH – Management Information System

Page 1	<p>Hawaii MIECHV Benchmark Constructs Data Collection Tracking</p> <p>BENCHMARK 1: IMPROVED MATERNAL & NEWBORN HEALTH</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;">1.1 Prenatal Care</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>Total # of women pregnant at enrollment who received their first prenatal care visit before the end of the second trimester</td> <td></td> </tr> <tr> <td></td> <td>Total # of women who were pregnant at enrollment</td> <td></td> </tr> <tr> <td></td> <td>1.2 Parental use of alcohol, tobacco, or illicit drugs</td> <td></td> </tr> <tr> <td></td> <td>Total # of enrolled smokers at intake, who reported decrease smoking by one year post-enrollment</td> <td></td> </tr> <tr> <td></td> <td>Total # of enrolled smokers at intake, who remain in the program for at least one year</td> <td></td> </tr> <tr> <td></td> <td>1.3 Preconception Care</td> <td></td> </tr> <tr> <td></td> <td>Number of postpartum women who reported a post partum examination within 3 months of enrollment</td> <td></td> </tr> <tr> <td></td> <td>Total number of enrolled postpartum women who remain in the program for at least 3 months</td> <td></td> </tr> <tr> <td></td> <td>1.4 Inter-Birth Interval</td> <td></td> </tr> <tr> <td></td> <td>Total # of enrolled mothers and pregnant women who received birth spacing education within 6 months of enrollment</td> <td></td> </tr> <tr> <td></td> <td>Total # of mothers and pregnant women enrolled during the program year for at least 6 months</td> <td></td> </tr> <tr> <td></td> <td>1.5 Screening for maternal depressive symptoms</td> <td></td> </tr> <tr> <td></td> <td>Number of enrolled mothers who were screened for depressive symptoms using the Edinburgh Scale within 6 months of enrollment</td> <td></td> </tr> <tr> <td></td> <td>Total number of enrolled women, enrolled for at least 6 months</td> <td></td> </tr> <tr> <td></td> <td>1.6 Breastfeeding</td> <td></td> </tr> <tr> <td></td> <td>Total number of weeks that index women who enrolled prenatally spent breastfeeding</td> <td></td> </tr> <tr> <td></td> <td>Number of Index women who enrolled prenatally</td> <td></td> </tr> <tr> <td></td> <td>1.7 Well Child Visits</td> <td></td> </tr> <tr> <td></td> <td>Number of index children enrolled for at least 6 months who received the recommended schedule of immunizations (according to AAP/CHDP)</td> <td></td> </tr> <tr> <td></td> <td>Total # of index children in program enrolled for at least 6 months</td> <td></td> </tr> <tr> <td></td> <td>1.8 Maternal and Child Health Insurance Status</td> <td></td> </tr> <tr> <td></td> <td># of mothers with health insurance plus the # of index children with health insurance by 6 months post-enrollment</td> <td></td> </tr> <tr> <td></td> <td>Total # of enrolled mothers and children who remain enrolled for at least 6 months</td> <td></td> </tr> </table> <p>BENCHMARK 2: CHILD INJURIES, CHILD ABUSE, NEGLECT, OR MALTREATMENT & REDUCTION OF EMERGENCY DEPARTMENT VISITS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;">2.1 Visits for children to the Emergency Department from all causes</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>Total # of ED visits by index children in the program</td> <td></td> </tr> <tr> <td></td> <td>Total # of index children in the program</td> <td></td> </tr> <tr> <td></td> <td>2.2 Visits of mothers to the Emergency Department from all causes</td> <td></td> </tr> <tr> <td></td> <td>Total # of ED visits by enrolled mothers in the program</td> <td></td> </tr> <tr> <td></td> <td>Total # of enrolled mothers in the program</td> <td></td> </tr> </table>		1.1 Prenatal Care			Total # of women pregnant at enrollment who received their first prenatal care visit before the end of the second trimester			Total # of women who were pregnant at enrollment			1.2 Parental use of alcohol, tobacco, or illicit drugs			Total # of enrolled smokers at intake, who reported decrease smoking by one year post-enrollment			Total # of enrolled smokers at intake, who remain in the program for at least one year			1.3 Preconception Care			Number of postpartum women who reported a post partum examination within 3 months of enrollment			Total number of enrolled postpartum women who remain in the program for at least 3 months			1.4 Inter-Birth Interval			Total # of enrolled mothers and pregnant women who received birth spacing education within 6 months of enrollment			Total # of mothers and pregnant women enrolled during the program year for at least 6 months			1.5 Screening for maternal depressive symptoms			Number of enrolled mothers who were screened for depressive symptoms using the Edinburgh Scale within 6 months of enrollment			Total number of enrolled women, enrolled for at least 6 months			1.6 Breastfeeding			Total number of weeks that index women who enrolled prenatally spent breastfeeding			Number of Index women who enrolled prenatally			1.7 Well Child Visits			Number of index children enrolled for at least 6 months who received the recommended schedule of immunizations (according to AAP/CHDP)			Total # of index children in program enrolled for at least 6 months			1.8 Maternal and Child Health Insurance Status			# of mothers with health insurance plus the # of index children with health insurance by 6 months post-enrollment			Total # of enrolled mothers and children who remain enrolled for at least 6 months			2.1 Visits for children to the Emergency Department from all causes			Total # of ED visits by index children in the program			Total # of index children in the program			2.2 Visits of mothers to the Emergency Department from all causes			Total # of ED visits by enrolled mothers in the program			Total # of enrolled mothers in the program	
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Page 2																																																																																											

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Information provided or training of participants on prevention of child injuries, including safe sleep, shaken baby, TBI, child passenger safety, poisoning, fire safety, water safety,	
2.3 playground safety	
Total # of families who received information or training on the prevention of child injuries during the cohort year	
Total # of enrolled families	
2.4 Child injuries requiring medical treatment	
Total # of injuries index children received requiring medical treatment	
Total # of index children in the program	
2.5 Reported suspected maltreatment (allegations)	
Total # of index children who are reported to CWS for suspected maltreatment	
Total # of index children in the program	
2.6 Reported substantiated maltreatment	
Total # of index children in the program who are substantiated by CWS for maltreatment	
Total # of index children in the program	
2.7 First time victims of maltreatment for index children in the program	
Total # of index children in the program who are first time victims of maltreatment	
Total # of index children in the program	

BENCHMARK 3: IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

3.1 Parent's support for children's learning & development (toys, talking, reading)	
Target population: Adult index enrolled participants who scored below a 7 at enrollment	
Total # of adult enrolled index participants who score above 7 on Learning Materials subscale of the HOME at one year post-enrollment	
Total # of adult enrolled index participants who scored below 7 at enrollment	
3.2 Parent knowledge of child development and of their child's developmental progress	
Total # adults in participants who had ASQ results reviewed with them	
Total # of ASQs administered at target age (8 months or 36 months)	
3.3 Parenting behaviors and parent-child relationship (discipline strategy, play interaction)	
Target population: Adult index enrolled participants who scored below 32 on Infant Toddler HOME at enrollment	
Total number of adult enrolled index participants whose HOME scores are above 32 on the Infant-Toddler HOME at one year post-enrollment	
Total # of adult enrolled index participants with a HOME score below 32 at enrollment	
3.4 Parent emotional well-being or parenting stress	
Total # of enrolled participants screened for depressive symptoms (EPDS) or Parenting Stress (PSI)	
Total number of enrolled index participants	
3.5 Child's communication, language, and emergent literacy	
Total # of enrolled index children screened for developmentally appropriate communication skills at target age (ASQ 3)	
Total # of enrolled index children at target age (8 months or 36 months)	
3.6 Child's general cognitive skills	
Total # of enrolled index children screened for general cognitive skills at target age (ASQ 3)	
Total # of enrolled index children at target age (8 months or 36 months)	
3.7 Child's positive approaches to learning include attention	
Total # of index children at target age that score above the cutoff at the target age (ASQ-SE)	
Total # of index children at target age (ASQ SE 6 months or 36 months)	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

3.8 Child's social behavior, emotional regulation and emotional well-being	
Total # of index children at target age that score above the cutoff at the target age (ASQ-SE)	
Total # of index children at target age (ASQ SE 6 months or 36 months)	
3.9 Child's physical health and development	
Total # of enrolled index children that score above the cutoff for Gross Motor on ASQ 3 at target age	
Total # of enrolled index children at target age (8 months or 36 months)	

BENCHMARK 4: DOMESTIC VIOLENCE

4.1 Screening for Domestic Violence	
Total # of enrolled index participants who are screened for domestic violence within 6 months of enrollment	
Total # of enrolled index participants enrolled for at least 6 months	
4.2 Among the families identified for Domestic Violence: # of referrals made to DV services	
Total # of enrolled index participants who received a referral to domestic violence services	
Total # of enrolled index participants who scored above 20 on the Women's Experiences with Battering (aka Relationship Assessment Tool)	
4.3 Among families identified for Domestic Violence: # of families with a completed safety plan	
Total # of enrolled index parents who completed a safety plan	
Total # of enrolled index participants who scored above 20 on the Women's Experiences with Battering (aka Relationship Assessment Tool)	

BENCHMARK 5: FAMILY ECONOMIC SELF-SUFFICIENCY

5.1 Household income and benefits	
Total income for adult enrolled index participants at enrollment & one year post-enrollment*	
Total # of adults enrolled index participants	
5.2 Employment of adult members of household	
Total # of monthly paid hours plus unpaid hours (devoted to infant child care 30 hours max) by all adult enrolled index participant members in household	
Total # of adult enrolled index participants	
5.3 Education of adult members of household	
Total # of hours per month spent by adult enrolled index participants in education programs	
Total # of adult enrolled index participants	
5.4 Health Insurance Status	
# of mothers with health insurance plus the number of index children with health insurance	
Total # of enrolled mothers and children	
*Provide average income of index participants at enrollment and one year post-enrollment	

BENCHMARK 6: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES & SUPPORTS

6.1 Number of families identified for necessary services	
Total # of enrolled families screened for necessary services	
Total # of enrolled families	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

6.2 Number of families that required services and received a referral to available community resources Number of enrolled families screened for necessary services and received a referral Total # of enrolled families	
6.3 MOUs: Number of formal agreements with other social service agencies in the community Total # of documented MOUs or other formal agreements Total # of social service agencies in the community	
6.4 Information sharing: Number of agencies which HV provider has a clear Point Of Contact (POC) in collaborating, including sharing info between agencies Total # of collaborating agencies	
6.5 Number of completed referrals - received report of the services provided Total # of completed referrals: Report that the service was provided	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: Critical Incident Report



**DEPARTMENT OF HEALTH
MATERNAL INFANT EARLY CHILDHOOD HOME VISITING
CRITICAL INCIDENT REPORT**

(source: Department of Health and Human Services, Medical Services Division)

General Definition

A "Critical Incident" is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a participant or staff (Family Assessment Worker, Family Support Worker, Parent Educator, Home Visitor, supervisor, direct service staff, volunteers and interns) while on duty.

Reportable Critical Incidents

1. Abuse
2. Neglect
3. Serious Injury
4. Assaultive Behavior
5. Serious Motor Vehicle Accident
6. Missing Person
7. Death
8. Suicide Attempt / Self-Harm
9. Serious Threat of Harm to Self or Others
10. Other

Reportable Critical Incidents Defined (Please note, these definitions are provided as general guidance and is not an exhaustive list or description of all reportable critical incidents)

1. Abuse¹ (Use CPS Log of Reports)
 - a. Physical Abuse, (Hawaii Citation: Rev. Stat 350-1) 'Child abuse or neglect' means acts or omissions that have resulted in the physical health or welfare of the child, who is under age 18, to be harmed or to be subject to a reasonably foreseeable, substantial risk of being harmed. The acts or omissions are indicated for the purposes of reports by circumstances that include but are not limited to:
 - When the child exhibits evidence of any of the following injuries, and such injury is not justifiably explained, or when the history given concerning such condition or death is at variance with the degree or type of such condition or death, or circumstances indicate that such condition or death may not be the product of an accidental occurrence:
 - Substantial or multiple skin bruising or other internal bleeding
 - An injury to skin causing substantial bleeding
 - Malnutrition or failure to thrive
 - Burns or poisoning
 - Fracture of any bone
 - Subdural hematoma or soft tissue swelling

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- Extreme pain or mental distress
- Gross degradation
- Death

- When the child is provided with dangerous, harmful, or detrimental drugs; provided that this paragraph shall not apply when such drugs are provided to the child pursuant to the direction or prescription of a practitioner

b. Sexual Abuse / Exploitation¹

Includes instances when the child has been the victim of:

- Sexual contact or conduct including, but, not limited to, sexual assault
- Molestation or sexual fondling
- Incest
- Prostitution
- Obscene or pornographic photographing, filming, or depiction, or other similar forms of sexual exploitation

c. Emotional Abuse

Includes acts or omissions that have resulted in injury to the psychological capacity of a child as evidenced by an observable and substantial impairment in the child's ability to function.

2. Neglect¹ (Use CPS Log of Reports)

Failure of a parent or other person with responsibility for a child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm.

3. Serious Injury

When an individual sustains:

- A fracture
- A dislocation of any joint
- An internal injury
- Any other injury determined to be serious by a physician, physician assistance, registered nurse, licensed vocational nurse/licensed practical nurse
- A serious injury is any injury requiring medical treatment

4. Assaultive Behavior

This can include, but, not limited to a violent physical attack or attempt to inflict bodily harm on a person that puts a person in immediate danger.

5. Serious Motor Vehicle Accident

6. Missing Person

Whenever there is police contact regarding a missing person regardless of the amount of time the person was missing.

7. Death

HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

8. Suicide Attempt / Self-harm
9. Serious Threat of Harm to self or Others
10. Other

Critical Incident reports should be completed for any critical incident defined above and involves any home visiting program participants and any program staff conducting program-related activities associated with providing home visiting program services.

⁴Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, and Children's Bureau. Definitions of Child Abuse and Neglect, Hawaii Citation: Rev. Stat 350-11. Child Welfare Information Gateway: State Statues, February 2011.

Who is supposed to report a critical incident?

Any person who becomes aware of a critical incident as defined on this form. Qualified service providers that are enrolled with the Department of Health, Maternal Child Health Branch, Maternal Infant Early Childhood Home Visiting Program are required to report incidents.

How do you report a critical incident?

The following information must be included in a critical incident report. A standard critical incident report form is provided by DOH MIECHV (see Appendix ---). A reporter may also elect to use their agency critical incident report form and must include the required information below.

- Reporter's Name, Contact Phone Number
- Person(s) Involved in Critical Incident
- Agency Name, Address,
- Date & Time of Critical Incident:
Type & Description of Critical Incident:
- Description of immediate action(s) taken, date action was taken:
- Plan for follow-up/Next Steps

Reporting Process

All Critical Incident Reports must be submitted to DOH HHVN MIECHV within forty-eight (48) hours of the Critical Incident. Reports may be submitted to the Statewide Home Visiting Coordinator, Tod Robertson (nickey.robertson@doh.hawaii.gov).

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**



**DEPARTMENT OF HEALTH
MATERNAL INFANT EARLY CHILDHOOD HOME VISITING
CRITICAL INCIDENT REPORT**

REPORTER'S INFORMATION			
Reporter's Name:		Date of Report:	
Reporter's Agency:		Reporter's Contact Phone:	

CRITICAL INCIDENT INFORMATION	
Date of Critical Incident:	
Time of Incident:	
Location of Incident (e.g. participant's home, district, island, etc.):	
Person(s) Involved & Relationship to Program (staff, program participant, relative of participant):	
Type of Critical Incident (check all that apply):	
<input type="checkbox"/> Abuse	<input type="checkbox"/> Serious Motor Vehicle Accident
<input type="checkbox"/> Neglect	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Exploitation	<input type="checkbox"/> Death
<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Suicide Attempt / Self-Harm
<input type="checkbox"/> Assaultive Behavior	<input type="checkbox"/> Serious Threat of Harm to Self or Others
<input type="checkbox"/> Other (describe):	
Description of Critical Incident:	
Could this event have been avoided? If yes, how?	

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

CRITICAL INCIDENT RESPONSE / ACTION(S) TAKEN	
Date of Immediate Action(s) Taken:	
Description of Immediate Action(s) Taken:	
Plan for Follow-up:	

Signature of Reporter: Date Signed:

Signature of Supervisor: Date Signed:

*** PRINT, SIGN & DATE, & EMAIL TO DOH MIECHV - TOD ROBERTSON (NICKEY.ROBERTSON@DOH.HAWAII.GOV)
WITHIN 48 HRS OF CRITICAL INCIDENT**

Follow Policy and Procedures regarding protecting participant information.

DOH ACTION TAKEN

Date	Action(s) Taken	Action Taken By Person(s)

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration D: Documentation	
REFERENCE: HFA Standard 3-2, HFA Standard 3-3 HFA Standard 6-1 HFA Standard 6-2 HFA Standard 11-2	EFFECTIVE DATE 01-01-09 revised 09-09 revised 05-18-11 revised 09-26-13 revised 12-19-13

I-D: Administration – Documentation

POLICY

HHVN providers shall document observations, assessments, services, and staff trainings in appropriate program files.

PROCEDURES

- A. The program shall document services to family and notes shall include:
- 1) Date and time of service;
 - 2) Persons present at the time of service;
 - 3) Observation/status of environment, family, and child;
 - 4) Observation of parent-child interaction/relationship;
 - 5) Observation of child development;
 - 6) Strengths and concerns or challenges of the family;
 - 7) Discussions of family needs and strengths, assessments, referrals, linkages, and related follow-up;
 - 8) Services, including curriculum, to support child and family;
 - 9) Programs shall use documentation for the curriculum to address the plan for each lesson;
 - 10) Review of Family Support Plan (FSP) or Goal Tracking Sheet (GTS);
 - 11) Plan for next home visit or services; and
 - 12) Creative outreach under specified circumstances.
- B. The program shall document Administrative, Clinical, and Reflective Supervision and notes shall include:
- 1) Date and time of supervision;
 - 2) Persons present at time of supervision;
 - 3) Discussion and review of the issues identified by the family in the initial assessment;
 - 4) Review of the FSP or GTS;
 - 5) Discussion of families on caseload;
 - 6) Illustrations of use of positive methods to build family trust, engage new families, and maintain family involvement in the program;
 - 7) Challenges and support;
 - 8) Process and issues addressing home visitor's competency, challenges, and plans/outcomes for growth and professional development and shall include:
 - a. Boundaries and ethics;
 - b. Review of FSP or GTS;
 - c. Skill development;

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- d. Professional support;
 - e. Self-care; and
 - 9) Review of creative outreach under specified circumstances.
- C. The program shall maintain individual documentation and be available for DOH to review during formal monitoring. Staff training documentation shall include:
- 1) Individual staff identification number (if used by the program);
 - 2) Hours of training completed;
 - 3) Training date(s); and
 - 4) Name(s) of trainer(s).

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration E: Confidentiality of Records	
REFERENCE Notice of Confidentiality and Access to Records, EI-1 PL 108-446, Section 639 State of Hawaii, General Conditions HRS C.F.R. 334F-5; Administrative Rules 11-175-31	EFFECTIVE DATE 01-01-09 revised 09-09 revised 05-18-11 revised 12-19-13

I-E: Administration – Confidentiality of Records

POLICY

- A. HHVN providers shall comply with all applicable Federal, State and local confidentiality laws and regulations.
- B. HHVN providers shall have policy and procedures for informing families of their rights and ensuring confidentiality of information during the intake process as well as during and after the course of services.

PROCEDURES

- A. The program shall orient staff to issues of confidentiality prior to direct work with families.
- B. The program shall inform clients of their rights and confidentiality at the on-set of services, both verbally and in writing. At a minimum, these forms shall include the following:
- C. Family Rights:
 - 1) The right to refuse service (voluntary nature);
 - 2) The right to referral, as appropriate, to other service providers; and
 - 3) The right to participate in the planning of services to be provided or the right to a family service plan.
- D. Confidentiality:
 - 1) The manner in which information is used to make reports to funders, evaluators or researchers (typically in aggregate format);
 - 2) The manner in which consent forms are signed to exchange information; and
 - 3) The circumstances when information would be shared without consent (i.e., need to report child abuse and neglect; harm to self or others).
- E. The program shall explain and provide parent(s) with a notice of confidentiality and access to records in their own language at time of intake.
- F. The program shall ensure confidentiality of families' information, including verbal and electronic information, and shall maintain and protect records.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- G. The program shall inform and receive signed parent consent every time information is to be shared with a new external source. The consent shall include the following, but is not limited to:
- 1) A signature of the person whose information will be released or parent or legal guardian of a person who is unable to provide authorization;
 - 2) The specific information to be released;
 - 3) The purpose for which the information is to be used;
 - 4) The date the release takes effect;
 - 5) The date the release expires;
 - 6) The name of person/agency to whom the information is to be released;
 - 7) The name of the program providing the confidential information; and
 - 8) A statement that the person/family may withdraw their authorization at any time.
- H. The program shall inform and receive signed parent consent to release their de-identified data to the DOH as described in the Authorization for Use and Disclosure of Protected Health Information ("PHI"). Parents are informed and sign consent to release their de-identified data to the State of Hawaii, Department of Human Services ("DHS") as described in the State of Hawaii, DOH Authorization for Use and Disclosure of PHI form.
- I. Confidential information may be released without consent to the Police for suspected harm to self, harm to others or DHS for suspected child abuse and neglect.
- J. Parents or legal guardians may consent to the release of information from documents originated from HHVN programs only.
- K. The program shall have policies and procedures in place to carefully protect participant identity and privacy throughout any research project conducted by or with the cooperation of the agency, as well as those that assure voluntary informed consent without pressure to participate.

ATTACHMENTS

[Authorization for Use or Disclosure of Protected Health Information \(PHI\)](#)

Attachment:

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Authorization for Use or Disclosure of Protected Health Information (PHI)



State of Hawaii Department of Health

Authorization for Use or Disclosure of Protected Health Information (PHI)

Name of Individual/Organization Disclosing Protected Health Information	
Name : enter organization name	Address: enter organization address
Name of Individual/Organization That Will Receive the Individual's Protected Health Information	
Name: Dept. of Human Services: Social Services Division	Address: 810 Richards Street, Suite 400, Honolulu, HI 96813
Name of Individual/Organization Disclosing Protected Health Information	
Name : Dept. of Human Services: Social Services Division	Address: 810 Richards Street, Suite 400, Honolulu, HI 96813
Name of Individual/Organization That Will Receive the Individual's Protected Health Information	
Name: Dept. of Health Maternal and Child Health Branch	Address: 741 A Sunset Ave, Honolulu, HI 96816
Client/Patient Whose Protected Health Information is Being Requested	
First Name: <i>**Only biological mother may provide authorization. If not completed, write reason here.</i> Mother's name	Last Name: Mother's last name
Address: Mother's Address	Birth Date (if known): Mother's Date of Birth
I authorize that the following Protected Health Information be used/disclosed: (Be specific. Identify limits, as appropriate. Initial in the space provided if your authorization includes the use/disclosure of specially protected health information)	
Mother's name, Mother's Date of Birth, Child's name, Child's Date of Birth and Child's gender	
The Protected Health Information is Being Used or Disclosed for the Following Purposes (At the request of the Individual is an acceptable purpose if the request is made by the individual and the individual does not want to state a specific purpose.):	
To conduct a comparison of enter program name Program participants and Child Welfare data by Department of Health. Information shared between the Department of Health and the Department of Human Services will be used to determine the effectiveness of the enter program name program. No personal information will be shared publicly.	
Authorization Duration (This authorization will be in force and effect until the date or event specified below. At that time, this authorization to use or disclose this protected health information expires)	
Authorization Expiration Date: <i>Leave blank, see next box for more info. If client prefers to insert date, please suggest date of 1 year from today.</i>	Expiration Event That Relates to the Individual or the Purpose of the Use or Disclosure Until end of Department of Health comparison.
I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Department of Health. I understand that a revocation is not effective to the extent that the Department has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.	
I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. However, I understand that information related to education (FERPA, 34 CFR Part 99), alcohol or drug treatment services (42 CFR Part 2) may not be disclosed or <u>redisclosed</u> without my authorization.	
The Entity or Person(s) receiving this information will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.	
<input type="checkbox"/> The use or disclosure requested under this authorization will result in direct or indirect remuneration to the Department from a Third Party.	
Individual or Personal Representative Signature: Mother's signature	Date: Today's Date
Print Name of Individual or Personal Representative Print Mother's Name	Description of Personal Representative's Authority LEAVE BLANK – ONLY BIOLOGICAL MOTHER MAY SIGN NOT PERSONAL REPRESENTATIVE

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration F: Staff Caseloads	
REFERENCE HFA Standard 8	EFFECTIVE DATE 05-18-11 revised 12-19-13

I-F: Staff Caseloads

POLICY

- A. HHVN Providers shall limit staff caseloads to assure that home visitors have adequate time to spend with each family to meet their unique varying needs and to plan for future activities.

PROCEDURES

- A. Management shall set the caseload size for each home visitor using the following criteria:
 - 1) Experience and skill level of the home visitor;
 - 2) Nature and difficulty of the problems encountered with families;
 - 3) Work and time required to serve each family;
 - 4) Number of families per service provider which involve more intensive intervention;
 - 5) Travel and other non-direct service time required to fulfill the service providers' responsibilities;
 - 6) Extent of other resources available in the community to meet family needs; and
 - 7) Other assigned duties.
- B. Supervisors shall monitor caseload size for each home visitor weekly.
- C. The program shall follow the established caseload size as determined by their home visiting model.
- D. The program shall follow the established caseload size at any level for a full-time home visitor as determined by their home visiting model.
- E. The program shall prorate caseload size based on the staff person's full-time equivalency.
- F. Home visitors may infrequently and temporarily exceed the caseload size for no more than three (3) months and the reasons for exceeding the limit must be documented.
- G. Programs shall follow their model guidance regarding caseload assignments for new hires. When model guidance is not available, the program shall establish caseload assignments for new hires with a full caseload established within six (6) months not to exceed the following number of cases:
 - 1) Within 60 days of date of hire no more than two (2) cases;
 - 2) Within 90 days of date of hire no more than four (4) cases;
 - 3) Within 120 days of date of hire no more than six (6) cases;
 - 4) Within 150 days of date of hire no more than nine (9) cases; and

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- 5) Within 180 days of date of hire no more than 12 cases.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration G: Supervision	
REFERENCE HFA Standard 11	EFFECTIVE DATE 05-18-11 revised 12-19-13 revised 7-22-14

I-G: Administration – Supervision

POLICY

- A. HHVN providers shall provide ongoing, effective supervision to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and for staff to express their concerns and frustrations, to see they are making a difference, and to avoid stress-related burnout.
- B. HHVN providers shall provide all full-time staff, volunteers and interns (performing the same function) a minimum of one-and-a-half (1.5) hours per week of regularly scheduled individual supervision and part-time staff receive a minimum of one (1) hour per week of regularly scheduled individual supervision.
- C. HHVN EID providers shall provide all full-time and part-time staff, volunteers and interns (performing the same function) a minimum of one (1) hour per week of regularly scheduled individual supervision.
- D. HHVN EID providers shall not exceed the ratio of supervisors to Family Assessment Worker (“FAW”) of no more than one (1) full-time Supervisor to four (4) full-time FAW.
- E. The provider’s home visiting model shall determine the ratio of supervisors to home visitors. If no model guideline is provided, the provider shall set the ratio of supervisors to home visitors to no more than one (1) full-time supervisor to five (5) full-time equivalent home visitors.
- F. HHVN providers shall have supervisory policy and procedures to assure that all staff, volunteers and interns (performing the same function) are provided with the necessary skill development to continuously improve the quality of their performance and are held accountable for the quality of their work.
- G. HHVN providers shall have supervisory policy and procedures to assure that all staff, volunteers, and interns (performing the same function) receive the necessary professional support to continuously improve the quality of their performance.
- H. HHVN providers shall provide supervisors a minimum of two (2) hours per month of regularly supervision from their immediate supervisor. Provider management shall hold supervisors accountable for the quality of their work and provide them with skill development and professional support.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- I. HHVN providers shall have supervisory policy and procedures which assure that supervisors are held accountable for the quality of their work and receive skill development and professional support.

PROCEDURES

- A. EID Programs shall provide all full-time and part-time staff, volunteers, and interns (performing the same function) weekly individual supervision for one (1) hour. Supervisory sessions shall be protected and regularly scheduled and not split into more than two (2) sessions per week for home visitor.
- B. Home Visiting Programs shall provide all full-time staff, volunteers, and interns (performing the same function) weekly individual supervision for one-and-a-half (1.5) hours and part-time staff at least one (1) hour per week. Supervisory sessions shall be protected and regularly scheduled and not split into more than two (2) sessions per week for home visitor.
- C. The program shall have a supervisor available for support and consultation when staff are in the field.
- D. When supervisors are on-leave for periods over two (2) weeks, Management shall appoint a "back-up" supervisor and/or develop and timely communicate a contingency plan to ensure the individual weekly supervision sessions are conducted. Documentation of frequency and duration of supervision sessions shall include the reasons for cancellations and/or rescheduling.
- E. Supervisors shall provide staff, volunteers, and interns (performing the same function) skill development and professional support and program hold staff accountable for the quality of their work.
- F. The program shall have supervisory procedures necessary for skill development to continuously improve staff performance and accountability for the quality of their work including, but not limited to, a variety of mechanisms such as:
 - 1) Coaching and providing feedback on strength-based approaches and interventions used (e.g., problem-solving, crisis intervention, etc.);
 - 2) Shadowing;
 - 3) Reviewing Family Service Plan progress and process;
 - 4) Reviewing family progress and level changes;
 - 5) Discussing family retention and attrition;
 - 6) Providing feedback on documentation;
 - 7) Integrating results of tools used (e.g., developmental screens, evaluation tools, etc.);
 - 8) Integrating quality assurance results that include regular, and routine review of assessments and assessment records, home visitor records, and all documentation used by the program;
 - 9) Discussing home visit/assessment rates;
 - 10) Assisting staff in implementing new training into practice;
 - 11) Assessing cultural sensitivity/practices;
 - 12) Providing guidance on use of curriculum;

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- 13) Providing reflection on techniques and approaches;
 - 14) Identifying areas for growth;
 - 15) Identifying and reflecting on potential boundary issues; and
 - 16) Sharing of information related to community resources.
- G. The program shall have supervisory procedures necessary for professional support to continuously improve the quality of staff performance including, but not limited to, a variety of mechanisms such as:
- 1) Regular staff meetings;
 - 2) Open door policy with supervisors;
 - 3) Multi-disciplinary teams;
 - 4) On-call availability to service providers;
 - 5) Exploration/reflection of impact of the work on the worker;
 - 6) Employee assistance program;
 - 7) Clinical supervision;
 - 8) Acknowledgement of performance;
 - 9) Provision of tools for performing job;
 - 10) Creating a nurturing work environment that provides opportunities for respite,
 - 11) Scheduling flexibility; and
 - 12) Providing a career ladder for direct service staff.
- H. Supervisors shall keep agendas and/or minutes of team meetings which include meeting content and who was present.
- I. Provider Management shall provide regularly scheduled supervision of Supervisors and hold them accountable for the quality of their work and provides them with skill development and professional support.
- J. The program shall have procedures necessary for supervisory professional support to continuously improve the quality of supervisor performance shall include, but is not limited to, a variety of mechanisms such as:
- 1) Addressing personnel issues;
 - 2) Feedback/reflection to supervisors regarding team development and agency issues;
 - 3) Review of program documentation including monthly or quarterly reports;
 - 4) Program statistics (screening and initial assessment, home visit rates, content of home visits, quality assurance mechanisms, etc.);
 - 5) Review of progress towards meeting program goals and objectives;
 - 6) Strategies to promote professional development/growth; and
 - 7) Quality oversight that could include shadowing of the supervisor.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

I: Administration H: Governance and Administration	
REFERENCE HFA Standard – Governance and Administration	EFFECTIVE DATE 05-18-11 revised 12-19-13 revised 7-22-14

I-H: Administration – Governance and Administration

POLICY

- A. HHVN providers shall govern and administer in accordance with principles of effective management and of ethical practice.
- B. HHVN providers shall have a broadly-based, advisory/governing group which serves in an advisory and/or governing capacity in the planning, implementation, and evaluation of program related activities.
- C. HHVN providers shall offer families opportunities to provide feedback to the program, through the use of formal mechanisms.
- D. HHVN providers shall monitor and evaluate quality of services.
- E. HHVN providers shall have policy and procedures for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families.
- F. HHVN providers shall report suspected cases of child abuse and neglect to the appropriate authorities and complete CWS reports.
- G. HHVN providers shall have policy and procedures that specify immediate notification of the program manager and/or supervisor in cases of participant deaths (or other appropriate staff/supervisors within the program are notified as needed), staff are offered grief counseling and complete and send a [critical incident report\(s\)](#) within 48 hours of the incident.
- H. HHVN providers shall use the HHVN Policies and Procedures Manual to guide service providers in the delivery of services.
- I. HHVN providers shall have a written Contract Budget and monitor expenditures to manage financial resources and support program activities, and the budget is reviewed and approved by a group (other than program manager) prior to the beginning of the fiscal year.
- J. HHVN providers shall adhere to the Family Health Services Division (“FHSD”) Policy on Budget Revisions for Cost Reimbursement Contracts. The FHSD developed policies for budget revisions related to cost reimbursement contracts to promote consistency in its

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

implementation and to ensure that program objectives are not adversely affected by major revisions.

- K. The HHVN providers' monetary expenditures shall align with 103F Cost Principles (See Attachment).
- L. The HHVN providers (or program's sponsoring agency) shall make available to the community an annual report or fiscal, statistical, and service data regarding the program.
- M. The HHVN providers (or the program's sponsoring agency) shall be audited annually by a certified public accountant.

PROCEDURES

- A. The HHVN program's advisory/governing group is an effectively organized, active body, advising/governing the activities of planning, implementation and/or assessment of program services.
- B. The advisory/governing group has a wide range of needed skills and abilities and provides a heterogeneous mix in terms of skills, strengths, community knowledge, professions, and cultural diversity and serves the interests of the community in which it operates either through direct representation by community members/program families or another effective alternative.
- C. The HHVN program manager (or other program representative) and the advisory/governing group work as an effective team with information, coordination, staffing, and assistance provided by the program manager to plan and develop program policy and procedures.
- D. The HHVN program shall have formal mechanisms for families to provide input into the program including at least two (2) of the following mechanisms:
 - 1) Participant satisfaction surveys;
 - 2) Participant service on advisory/governing group or a family advisory committee; and
 - 3) Participant feedback through focus groups, etc.
- E. The HHVN program shall have policy and procedures for participant grievance, which includes, but not be limited to, the following:
 - 1) How the participant/families are informed of the policy;
 - 2) The programs process for reviewing any grievances received; and
 - 3) The follow-up mechanisms used to address identified areas of improvement.
- F. The HHVN program shall conduct a review of program goals and objectives at least bi-annually and shall establish a follow-up mechanism to address areas of improvement.
- G. The HHVN program shall have a mechanism for reviewing the quality of its program that is inclusive of all service areas (assessment, home visitation, and supervision), including a follow-up mechanism to address areas of improvement, and implement the mechanism in their program.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- H. The HHVN program (or sponsoring agency) shall have policies and procedures for reviewing and recommending approval or denial on any research proposal involving past or present families or family information and the policy and procedures have been followed.
- I. The HHVN program shall have policies and procedures to carefully protect participant identity and privacy throughout any research project conducted by or with the cooperation of the agency, as well as those that assure voluntary informed consent without pressure to participate.
- J. The HHVN program shall have policy and procedures that are in accordance with all applicable Federal, State and local laws and specify the following:
 - 1) Criteria or definitions used to identify and determine when to report suspected child abuse and/or neglect; and
 - 2) Immediate notification of the program manager and/or supervisor when abuse or neglect is suspected.
- K. HHVN program staff shall report suspected cases of child abuse and neglect based on the policy and procedures that specify the criteria or definitions used to identify and determine when to report child abuse and neglect and specify immediate notification of program manager and/or supervisor.
- L. The HHVN program's policy and procedures specify immediate notification of the program manager and/or supervisor when a death occurs. Programs offer grief counseling when a death occurs.
- M. The HHVN program has a Policies and Procedures Manual. There is sufficient evidence to indicate that the program uses the manual as a guide in the provision of services.
- N. The HHVN program has a detailed written Contract Budget that is used to monitor and manage expenditures for program activities during the year and the Contract Budget is approved by the designated group prior to beginning of fiscal year.
- O. The HHVN program shall receive prior written approval by FHSD for any proposed transfer of funds between Cost Elements from the approved Contract Budget. The HHVN program shall also provide FHSD with applicable forms to transfer funds between Cost Elements.
- P. At the request of DOH, HHVN program fiscal staff shall attend an annual orientation meeting for fiscal and billing procedures.
- Q. The program or the program's sponsoring agency shall produce an annual report that is made available to the community containing fiscal, statistical, and service data regarding the program. This document may include, but is not limited to: an overview of the program and services provided during the past year, introduction, summary of highlights, summary of services provided, demographic profile of program participants served, demographic profile of new participants enrolled, total number of families served, total number of families discharged, number of families who successfully completed the program, summary of information about program staff, summary of information about program budget and expenditures, etc.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

- R. The program (or the program's sponsoring agency) is audited annually by an independent certified public accountant. The program shall provide the annual audit to your HHVN Contract Specialist upon its completion.

ATTACHMENTS

[FHSD Policy on Budget Revisions for Cost Reimbursement Contracts](#)
[103F Cost Principles](#)

STATE PROCUREMENT OFFICE FORMS FOR SERVICE PROVIDERS (including Budget and Justification forms: SPO 205, 205A, 205B, etc.)

<http://hawaii.gov/spo/spo-forms/forms-for-vendors-contractors-and-service-providers>

<http://hawaii.gov/spo/spo-forms/private-provider-forms-health-human-services/budget-form-instructions-spoh-205-and-spoh-206-series>

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: FHSD Policy on Budget Revisions for Cost Reimbursement Contracts

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
P. O. Box 3378
HONOLULU, HAWAII 96801-3378

**FAMILY HEALTH SERVICES DIVISION POLICY ON BUDGET
REVISIONS
FOR COST REIMBURSEMENT CONTRACTS
(Effective September 1, 2008)**

The Family Health Services Division ("FHSD") has developed the following policies for budget revisions related to cost reimbursement contracts to promote consistency in its implementation and to ensure that program objectives are not adversely affected by major revisions.

As a general rule, any proposed transfer of funds between Cost Elements (from the approved Contract Budget), e.g. "Personnel" to "Other Operating," shall receive prior written approval by FHSD. To transfer funds between Cost Elements, please provide FHSD with the following forms as applicable:

1. **Budget Revision Justification Form (FHSD/BUDREV)**. In Section I. of the form, please document the amount of the proposed transfer between Cost Element(s). In Section II, please provide a detailed justification for the proposed transfer(s). If funds are being transferred from Personnel to another Cost Element, the justification shall include an explanation of the impact of such transfers in the attainment of planned outcome, output, and other performance objectives as described under the terms and conditions of the contract. Please attached additional sheets as necessary.
- 2.. **FHSDBud/Rev1& 2 Forms**. Please submit these Budget Revision forms if they are required by your FHSD Program Manager.
3. **SPO-H-206 A-J**. Please submit the appropriate budget justification forms as they relate to the specific budget revisions made to the expenditure categories. To obtain these forms online, please go to the Hawaii State Procurement Office website at: <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-applicants>.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

FHSD Policy on Budget Revisions for
Cost Reimbursement Contracts
Effective September 1, 2008
Page 2

In addition to policies related to transfer of funds between Cost Elements mentioned above, the following policies shall apply to proposed changes within existing Cost Elements in the approved Contract Budget:

1. Any proposed amendment(s) to the following Personnel categories: 1) full time equivalency ("FTE"; 2) percentage of time charged to the contract; and 3) budgeted salary (other than the FTE, percentage of time, and budgeted salary in the approved Contract Budget) shall receive prior written approval by FHSD before the changes are implemented.

The Contractor shall submit form SPO-H-206A as an e-mail attachment to their assigned FHSD Program Manager to justify the proposed changes. Please provide an explanation of the impact of such changes in the attainment of planned outcome, output, and other performance objectives as described under the terms and conditions of the contract. The FHSD Program Manger will respond to the Contractor via e-mail and will include an effective date for the changes, as warranted.

2. Any proposed addition(s) of a new expenditure cost category (other than the pre-authorized expenditure cost categories approved under the Contract Budget) shall receive prior written approval by the DOH before such new expenditure cost categories are added to the budget. To accomplish this, the Contractor shall send a written justification to the FHSD Program Manager via e-mail. The FHSD Program Manager will respond to the Contractor via e-mail and will include an effective date for the amendments, as warranted.
3. FHSD reserves the right to establish more stringent policies regarding the transfer of funds within the pre-authorized expenditure cost categories approved under the Contract Budget on a program by program basis as needed.

Should there be questions in reference to the above policy, please do not hesitate to contact the FHSD Program Manager assigned to your program.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Applicant: _____
Service: _____

BUDGET REVISION (Personnel, Other Operating)
Contract Period: _____

Date: _____
ASO Log No: _____
Page _____ of _____

CATEGORIES	STATE			FEDERAL -			OTHER -			TOTAL REVISION (C+F+I) = J
	ORIGINAL A	CHANGES B	REVISED C	ORIGINAL D	CHANGES E	REVISED F	ORIGINAL G	CHANGES H	REVISED I	
A PERSONNEL										
1 Salaries & Wages										
2 Payroll Taxes & Assess										
3 Fringe Benefits										
Personnel Total										
B OTHER OPERATING										
1 Airfare, Inter-Island										
2 Airfare, Out-of-State										
3 Audit Services										
4 Contractual Svcs-Admin.										
5 Contractual Svcs-Subcontracts										
6 Insurance										
7 Lease/Rental of Equipmt										
8 Lease/Rental of Motor Vehicle										
9 Lease/Rental of Space										
10 Mileage										
11 Postage, Freight & Delivery										
12 Publication & Printing										
13 Repair & Maintenance										
14 Staff Training										
15 Subsistence/Per Diem										
16 Supplies										
a. Office										
b. Medical										
c. Program										
d. Other										
17 Telecommunication										
18 Transportation										
19 Utilities										
20										
Operating Total										

Governance and Administration

~ I - 92 ~

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

BUDGET REVISION (Equipment, Motor Vehicle, Total)

Applicant: _____
Service: _____

Date: _____
ASO Log No: _____
Page ____ of ____

	STATE			FEDERAL -			OTHER -			TOTAL
	ORIGINAL A	CHANGES B	REVISED C	ORIGINAL D	CHANGES E	REVISED F	ORIGINAL G	CHANGES H	REVISED I	REVISED (C+F+H) = J
C EQUIPMENT (unit cost >\$250 and a useful life > 1 yr.)										
Equipment Total										
D MOTOR VEHICLE										
Motor Vehicle Total										
TOTAL (A + B + C + D)										

Governance and Administration

1 93

Note: Please transfer revised budget figures in column "F", "I", & "J" to POST 210/210A, "The Report of Expenditures," pursuant to the effective date reflected on the FHSD/BUDREV-JUSTIFICATION form.

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

BUDGET REVISIONS - JUSTIFICATION

Applicant: _____
Service: _____

Contract Period: _____ to _____

Date: _____
ASO Log No: _____
Page _____ of _____

I. Amount being requested for transfer between Cost Elements by expenditure line item & source of funds.

FROM

cost element

Please list REDUCTION(s) to budgeted expenditure line items as designated on the "Report of Expenditures" (POST 210/ 210A) column A:

DESCRIPTION	GENERAL		
	STATE	FEDERAL	OTHER
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
5 _____	\$ _____	\$ _____	\$ _____

TO

cost element

Please list ADDITION(s) to budgeted expenditure line items as designated on the "Report of Expenditures" (POST 210/210A) column A:

DESCRIPTION	GENERAL		
	STATE	FEDERAL	OTHER
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
5 _____	\$ _____	\$ _____	\$ _____

II. JUSTIFICATION FOR PROPOSED TRANSFERS

Governance and Administration

- | |
|--|
| Cost Elements:
A. Personnel
B. Operating
C. Equipment
D. Motor Vehicle |
|--|

~ I - 94 ~

Approved

Section Head/Program Manager

Date

Disapprove The effective date of this approved budget revision is:

Month/Year

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

Attachment: 103F Cost Principles

Found online at <http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services>

STATE OF HAWAII
STATE PROCUREMENT OFFICE

COST PRINCIPLES

HRS Chapter 103F

Purchases of Health and Human Services

September 2011

SPOH-201 (Revised 9/11)

**HAWAII DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH BRANCH
HAWAII HOME VISITING NETWORK
POLICIES & PROCEDURES**

HRS CHAPTER 103F
COST PRINCIPLES
Table of Contents

SECTION 1: ABOUT COST PRINCIPLES

1. Purpose	1
2. Federal Cost Principles	1
3. Factors Affecting the Allowability of Costs	1
3.1 Criteria.....	1
3.2 Reasonable Costs	1
3.3 Allocable Costs	2
3.4 Conform to Limitations or Exclusion.....	2
3.5 Consistent Costing Treatment	2
3.6. Generally Accepted Accounting Principles (GAAP).....	2
4. Direct Costs	2
5. Indirect Costs (Joint Costs).....	2
6. Negotiated Federal Indirect Cost Rates	3
7. Method of Allocation	3
7.1 Basis and Documentation	3
7.2 Allocation to Cost Objective.....	3
7.3 Basis for Allocation.....	3
7.4 Unallowable Allocation of Costs	3
8. Unallowable Costs.....	3
8.1 Bad Debts	3
8.2 Contingencies.....	4
8.3 Capital Expenditures for Land or Buildings	4
8.4 Capital Expenditures for Improvement.....	4
8.5 Entertainment.....	4
8.6. Fines and Penalties.....	4