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

HRS CHAPTER 103F
PURCHASES OF HEALTH AND HUMAN SERVICES

COST PRINCIPLES

SECTION 1: ABOUT COST PRINCIPLES

1. PURPOSE

To provide uniform cost principles among state purchasing agencies in procuring health and human services under HRS Chapter 103F. These cost principles represent guidelines for determining which types of expenditures will be allowable. These cost principles are intended for use when managing contracts executed under HRS Chapter 103F, for Purchases of Health and Human Services and should be used to guide decisions regarding:

- proposal budgets submitted by providers in response to Request for Proposals (RFP);
- contract budgets and unit costs negotiated between state purchasing agencies and providers;
- financial reporting requirements established by state purchasing agencies; and
- fiscal monitoring requirements established by state purchasing agencies.

2. FEDERAL COST PRINCIPLES

Providers receiving Federal funds must comply with applicable Federal requirements. Therefore, to the extent that Federal cost principles conflict with these cost principles, the Federal requirements, if more restrictive, shall control.

3. FACTORS AFFECTING THE ALLOWABILITY OF COSTS

3.1 To be allowable, costs must meet the following criteria:

a. Be reasonable for the performance of the contract and be allocable under these cost principles;
b. Conform to any limitations or exclusions set forth in these cost principles or in the contract as to type or amount of cost items;
c. Be consistent with policies and procedures that apply uniformly to the contract and other activities of the organization;
d. Be accorded consistent treatment;
e. Be determined in accordance with generally accepted accounting principles (GAAP; and
f. Be adequately documented.

3.2 Reasonable Costs

A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs. In determining the reasonableness of a given cost, consideration shall be given to:

a. Whether the cost is a type generally recognized as ordinary and necessary for the operation of the provider or the performance of the contract;
b. The restraints or requirements imposed by such factors as generally accepted sound business practices, arms length bargaining, State laws and regulations, and terms and conditions of the contract; and
c. Significant deviations from the established practices of the organization which may unjustifiably increase the contract costs.

3.3 Allocable Costs

a. A cost is allocable to a particular cost objective, such as a grant, contract, project, service, or other activity, in accordance with the relative benefits received. A cost is allocable if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it:
   (1) Is incurred specifically for the contract;
   (2) Benefits both the contract and other work and can be distributed in reasonable proportion to the benefits received; or
   (3) Is necessary to the overall operation of the provider, although a direct relationship to any particular cost objectives cannot be shown.

b. Any cost allocable to a particular contract, award or other cost objective under these principles may not be shifted to other State contracts to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the contract.

3.4 Conform to Limitations or Exclusion

Many costs are subject to various restrictions, conditions, and/or documentation requirements that must be followed before such cost is allowable. Certain types of costs require prior approval before they are allowable, while other types of costs are unallowable.

3.5 Consistent Costing Treatment

The budgeting, recording and reporting of all costs of a particular nature must be done in the same manner regardless of the source of funding (i.e., Federal or Non-Federal) associated with a project or activity.

3.6 Generally Accepted Accounting Principles (GAAP)

These are standards and guidelines promulgated by the Financial Accounting Standards Board and the Governmental Accounting Standard Board, depending upon the type of organization involved. These principles direct how and when they should recognize costs on accounting records and financial statements.

4. DIRECT COSTS

Direct costs are those that can be identified specifically with a particular final cost objective, i.e., a particular award, project, service, or other direct activity of an organization. Costs identified specifically with a final cost objective of the organization are direct costs of that cost objective and are not to be assigned to other cost objectives directly or indirectly.

5. INDIRECT COSTS (JOINT COSTS)

Indirect costs are those that have been incurred for common joint objectives and cannot be readily identified with a particular final cost objective.

6. NEGOTIATED FEDERAL INDIRECT COST RATES

Indirect costs are equitably distributed to benefiting cost objectives by using current rate(s) negotiated with the federal government. To utilize the indirect cost rate, the rate must be approved by the cognizant federal agency.

7. METHOD OF ALLOCATION (Must be used by organizations without a negotiated federal indirect cost rate)

7.1 Basis and Documentation

Organizations incurring costs that benefit more than one cost objective such as a grant, contract, project, services, or other activity must allocate these costs using a reasonable base. Organizations must have a written cost allocation plan.

7.2 Allocation to Cost Objective

Joint costs, such as depreciation, rental costs, operation and maintenance of facilities, telephone expenses, administrative salaries, and the like must be allocated individually to each objective using a base most appropriate to the particular cost being allocated. An allocation for any expense item exceeding 100% of its total cost, or its depreciation value, is unallowable.

7.3 Basis for Allocation

Each joint cost must be allocated using a base which accurately measures the benefits provided to each cost objective. The bases must be established in accordance with reasonable criteria and be supported by current data. Actual conditions must be taken into account in selecting a base to be used in allocating the joint costs. In general, any cost element or cost related factor associated with the organization's work is potentially adaptable for use as an allocation base, provided:

a. It can readily be expressed in terms of dollars or other quantitative measures (total direct costs, direct salaries and wages, staff hours applied, square feet used, hours of usage, number of documents processed, population served, and the like); and
b. It is common to the benefiting functions during the base period.

7.4 Allocation of costs based on forecasts, revenues received, budgeted revenues, budgeted costs, or anticipated contract reimbursements are not acceptable or allowable.

8. UNALLOWABLE COSTS

The following costs are unallowable:

8.1 **Bad Debts**

Any portion of the accounts receivable which has been determined to be uncollectible, is termed "Bad Debts." Any losses arising from uncollectible accounts, other claims and related costs that are actual or estimated are unallowable.

8.2 **Contingencies**
Contingency costs are contributions to a reserve account for unforeseen costs. Contingency costs are unallowable because they are speculative in nature and do not represent an actual incurred cost.

8.3 **Capital Expenditures for Land or Buildings**
Capital expenditures for acquisition of land or buildings are unallowable. This does not apply to costs associated with Capital Improvement Project (CIP) funds received from the State for that purpose. (Interest on debt incurred is allowable as specified in the cost principle table.)

8.4 **Capital Expenditures for Improvements**
Capital expenditures for improvements to land or buildings which materially increase their value or useful life is unallowable. This does not apply to cost associated with Capital Improvement Project (CIP) funds received from the State for that purpose.

8.5 **Entertainment**
Costs unrelated to service delivery, client activities or client programs, such as costs related to public relations, social activities and incidental costs relating thereto, including meals, beverages, tips and gratuities are unallowable.

8.6 **Fines and Penalties**
Fines and penalties include all costs resulting from violations of, or failure to comply with, Federal, State, local laws and regulations, and contract requirements. Fines and penalties are unallowable.

8.7 **Fund Raising**
All costs of fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions are unallowable.

8.8 **Gifts, Contributions and Donations**
A gift is property transferred without receiving return consideration of equivalent value. Contributions and donations are property transferred which are not transferred in exchange for supplies or services of equivalent fair market value. Gifts, contributions and donations are unallowable.

8.9 **Income Taxes**
Federal and State income taxes are unallowable

8.10 **Lobbying**

All costs associated with attempts to influence the enactment or modification of any pending legislation through communication with any member or employee of the state legislature, or with any government official or employee concerning a decision to sign or veto enrolled legislation are unallowable.

8.11 **Losses Incurred Under Other Contracts**

A loss incurred under one contract may not be charged to any other contract. Losses incurred on other contracts are unallowable.

8.12 **Organization Costs**

Costs incurred under one contract may not be charged to any other contract. Losses incurred on other contracts are unallowable.

8.13 **Perquisite**

A privilege furnished or a service rendered by an organization to an employee, officer, director, or member of that organization to reduce the individual's personal expenses is unallowable.

8.14 **Security Deposits**

Funds held as a guaranty or assurance required by agreement is unallowable

8.15 **Idle Facilities**

Facilities that are not being used are unallowable.

9. DEFINITION OF COLUMN TITLES FOR FORM SPOH-201

9.1 **"Cost Item"**

"Cost item" refers to the items within budget categories. For example, "Compensation for Personal Services," should appear within the budget element category for "Personnel Costs."

9.2 **"Description"**

A description of each line item is provided to briefly characterize applicable costs within the category. Descriptions are intended to be informative.

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9.3 **"Allowable/Unallowable"**

Costs are allowable when they are reasonable, allocable, lawful, and for costs invoiced for reimbursement, actually incurred or accrued and accounted for in accordance with generally accepted accounting principles, for contract related expenditures. Certain costs are treated specially and are specifically identified as "Allowable" or "Unallowable" costs. The list of unallowable costs is not all-inclusive.

- Costs indentified as "Allowable with Prior Approval" are generally unallowable. Providers must receive approval of these costs, prior to expenditure. The head of the state purchasing agency may approve "unallowable" costs, if it is in the best interests of the State and all costs are reasonable, lawful and allocable.

9.4 **"Remarks"**

This column describes special instructions, restrictions on the allowable limits, and required documentation that the State purchasing agency may require. All required documentation should be available upon request by the state purchasing agency. RFPs may require that certain documents be submitted at the time of application.

SECTION 2: COST PRINCIPLES TABLE

1. Any cost charged to the Agreement must be reasonable, appropriate, lawful and allocable to the contract.
2. To the maximum extent practicable, the suggested terminology should be used consistently in all phases of budgeting, accounting, and reporting.
3. This list represents selected cost items and is not an all inclusive list of costs which may be prescribed by federal and or State laws or regulations.
4. Although a cost may be allowable under federal guidelines, the state purchasing agency has the discretion to limit or disallow the cost due to unavailability of funds, funding restrictions, or its inappropriateness to the contract.
5. In cases where certain items, definitions, explanations or requirements are difficult to understand, the applicant/provider should seek written clarification from the state purchasing agency.
6. Required cost documentation shall be kept by the provider and submitted at the request of the purchasing agency.

Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY A: **Personnel Costs**	**Compensation for personal services currently paid or accrued**		
	• Salaries and Wages	Allowable to the extent that the range is reasonable for the services rendered	**Required Documentation:** Schedule detailing total annual salary for each position, computation of each position's FTE and service site. Reports reflecting the distribution of activity of each employee must be maintained for all staff members whose compensation is charged, in whole or in part, directly to the contract(s). The reports must reflect an after-the-fact determination of the total actual activity of each employee and signed by the individual employee, or by a responsible supervisory official having firsthand knowledge of the activities performed by the employee, that the distribution of activity represents a reasonable estimate of the actual work performed by the employee during the periods covered by the reports. (Note: The State ~~is~~ requests that adequate records supporting the allocation of salaries be maintained and not necessarily detailed timesheets, e.g., accounting for each quarter hour for each employee.) Personnel policies and procedures governing vacation leave, sick leave, and overtime pay.
	• Overtime • Salary Increases	Allowable with prior approval	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY A: **Personnel Costs**	Compensation for personal services currently paid or accrued (cont'd)		
	• Vacation Leave • Sick Leave	Unallowable payment for leave in lieu of leave not taken	
	• Bonuses • Severance Pay • Excessive Compensation • Accrued leave payout for terminating employees	Unallowable	
	Payroll Taxes and Assessments **All Federal and State requirements**		
	• Employer's portion of FICA, workers compensation, unemployment insurance and temporary disability insurance.	Allowable	**Required Documentation:** Schedule detailing applicable percentages of statutory ceilings for each payroll tax, insurance and other costs.
	• Fines and penalties due to late filing and/or payment	Unallowable	
	Fringe Benefits: **Employers' portion of health care and retirement benefits**		
	• Health care insurance	Allowable	**Required Documentation:** Each benefit should be clearly detailed in the personnel policies and procedures.
	• Retirement plans	Allowable with prior approval	
	• All costs considered as perquisites (e.g., non-wage compensations provided to employees in addition to their normal wages or salaries)	Unallowable	
CATEGORY B: **Operating Costs**	**Airfare (Inter-Island)**		
	• Costs for airline tickets ~~or coupons~~	Allowable with prior approval.	**Required Documentation:** Schedule of inter-island travel detailing staff, destination, purpose, fare costs, per diem/subsistence and dates of travel. Personnel policies and procedures governing travel. Cost of cancelled travel shall not be charged to the contract.
	• First class travel	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Airfare (Out-of-State)**		
	• Costs for airline tickets	Allowable with prior approval	**Required Documentation:** Schedule of out-of-state travel detailing staff, destination, purpose, fare costs, per diem/subsistence and dates of travel. Personnel policies and procedures governing travel. Cost of cancelled travel shall not be charged to the contract.
	• First class travel	Unallowable	
	Audit Services Cost of an audit by an independent certified public accountant		
	• Federal funds a. Audits completed in accordance with OMB Circular A-133, required for providers expending $300,000 or more in federal funds during the fiscal year. b. Limited scope audits arranged and paid for by pass through entities to monitor subrecipients.	Allowable	**Required Documentation:** Financial statements and schedule of expenditures of Federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plans. If the audit does not contain questioned costs or audit findings related to the pass through federal funds, a notification letter may be sent to the pass through entity (see OMB Circular A-133, Subpart C.) Copy of limited scope audit report.
	• State funds only a. Financial audits of the organization b. Special audits required by the State	Allowable	Copies of the audit report and management letter issued by the auditor.
	Contractual Services - Administrative		
	• Costs of administrative professional and consultant services, which cannot be performed by the applicant/provider's staff, e.g., accounting, bookkeeping, payroll, and secretarial services.	Allowable	**Required Documentation:** Schedule detailing business or individual's name, description of the service, and contract amount or fee.
	• Legal fees for defense and prosecution of criminal and civil proceedings. Retainer payments to attorneys.	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Contractual Services - Subcontracts**		
	Costs of professional and consultant services necessary for the delivery of the primary contracted services, which cannot be performed by the applicant/provider's staff.	Allowable with prior approval	**Required Documentation:** Justification for contractual services proposed. Schedule detailing subcontracted organization or individual's name, description of the service, and contract amount or fee. Executed agreements between the contracting parties.
	Depreciation Depreciation expense is the method of allocating the cost of a capital asset over the estimated useful life of the asset as it relates to the contract.		
	• Depreciation of equipment, motor vehicles, and buildings and capital improvements, required for the program, e.g., renovations in connection with the program for office and program requirements.	Allowable	**Required Documentation:** Depreciation schedule, cost allocation bases, previous depreciation taken, and budgeted depreciation expense.
	• Idle facilities • Assets acquired through the State or Federal government	Unallowable	
	Food		
	• Provisions for meals and snacks. Food provided as part of the services for clients as specified in the contract.	Allowable with prior approval	**Required Documentation:** Schedule detailing description and cost.
	• Food costs covered by SSI or other funds.	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Indirect Costs (Negotiated Federal Rate)** Costs incurred for common or joint objectives that cannot be readily identified with a particular final cost objective, e.g., general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting.		
	• General operating costs equitably distributed to benefiting objectives by using a current rate negotiated with the federal government.	Allowable	**Required Documentation:** A valid copy of the written agreement with the federal agency for the negotiated rate. Attach to Proposal Budget if used.
	• Indirect costs based on a rate that has not been negotiated with the federal government.	Unallowable	
	Insurance Cost of insurance required or approved pursuant to the contract.		
	• Indemnification Coverage • General Liability • Bonding • Applicant/Provider's Automobiles • Fire • Hurricane • Flood	Allowable	**Required Documentation:** A valid Certificate of Insurance which shows the following: 1. Policy in effect during the contract period. 2. Liability coverage(s) as specified in the agreement. 3. The contracted services or type of services. 4. The State of Hawaii and the state purchasing agency as the certificate holder. 5. Address of the state purchasing agency. 6. The State of Hawaii named as additionally insured.
	• Life insurance premiums of officers, employees, or Board members where the applicant/provider is the beneficiary	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Interest** Costs incurred for interest on borrowed capital		
	• Interest on debt incurred after May 14, 1997 to acquire or replace capital assets (including renovations, alterations, equipment, land, and capital assets acquired through capital leases), acquired after May 14, 1997 and used in support of the State contracts.	Allowable with prior approval	**Required Documentation for prior approval:** A statement of purpose and justification for facility acquisition or replacement. A statement as to why current facilities are not adequate. A statement of planned future use of the facility. A description of the financing agreement to be arranged for the facility. A summary of the building contract with estimated cost information and statement of source and use of funds. A lease/purchase analysis which shows that a financed purchase or capital lease is less costly to the organization than other leasing alternatives (See OMB Circular A-122.) Reimbursements will be limited to the least costly alternative.
	• All other interest costs	Unallowable	
	Lease/Rental of Equipment Lease rent of program equipment used for contractual services		
	• Rental or lease cost in connection with the program for office and program requirements.	Allowable with prior approval	**Required Documentation:** Schedule detailing item, purpose, cost and usage. Lease/rental agreement.
	• Security deposits • Loan payments made in connection with purchase of equipment	Unallowable	
	Lease/Rental of Motor Vehicles Motor vehicle lease costs related to contracted services		
	• Leasing costs of vehicles used directly in connection with the program	Allowable with prior approval	**Required Documentation:** Schedule detailing vehicle, purpose, cost and usage. Lease/rental agreement.
	• Security deposits • Loan payments made in connection with purchase of vehicle	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Lease/Rental of Space** Lease rental of office and program facility space		
	• Lease rent paid for office and program requirements • Common area charges	Allowable with prior approval	**Required Documentation:** Lease/rental agreement. Payments must be made to a third party and comparable to other properties in the area. Rental costs under sale and leaseback arrangements are allowable only up to the amount that would be allowed had the organization continued to own the property.
	• Security deposits • Unused space	Unallowable	
	Mileage Travel allowances based on staff's mileage actually incurred. Reimbursement to staff using their private vehicles for business related to the contract.		
	• Mileage reimbursement not to exceed federal (IRS) allowances	Allowable	**Required Documentation:** Schedule for mileage detailing position of staff, destination, purpose and total miles claimed. A record of business miles traveled for each trip using employees' personal vehicle.
	• Monthly auto allowances • Relocation costs • Reimbursement for personal use or non-contract related mileage	Unallowable	
	Postage, Freight and Delivery Mailing, shipping and delivery costs relating to the contract		
	• Postage stamps • Costs for mailing, e.g., certified mail • Delivery charges for goods purchased	Allowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Program Activities** • All other cost items directly related to or required in order to deliver services to clients, e.g., client incentives, client excursions, training wages, and client/volunteer stipends.	Allowable with prior approval	**Required Documentation:** A schedule detailing: 1. Description of program activity. 2. Frequency of activity. 3. Number of participants. 4. Cost per person. **Restrictions:** All program activities are limited to contract provisions; and costs must be incurred on behalf of clients.
	Publication, Printing and Advertising		
	Costs of printing and binding, and subscriptions. Costs of media services. Media advertising includes magazines, newspapers, radio and television programs, direct mail, exhibit, and the like. • Publications used directly in the program • Professional books and journals • Recruitment of personnel • Procurement of goods and services • Advertisements specifically required by contract	Allowable	**Required Documentation:** Schedule providing basis for estimating cost of postage, printing and copying. Schedule for subscriptions and publications detailing titles and costs.
	Repairs and Maintenance Necessary maintenance, repair and upkeep of facilities, buildings and equipment.		
	• Costs incurred for repair and maintenance of facilities and equipment, e.g., janitorial services, painting, plumbing and electrical repairs • For leased space, allowed for lessee if responsibility by lessor is not specified in the rental agreement.	Allowable	
	• Expenditures which will increase the life of a capital asset	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Staff Training**		
	Cost of preparation and maintenance of on-the-job, classroom and other training to increase the employees' vocational effectiveness. • Registration and tuition costs • Costs of materials, including books	Allowable	**Required Documentation:** Schedule detailing title of training, date, persons attending and purpose.
	Training for staff who provide direct service to recipients. Conference and workshops for the purpose of dissemination of technical information to improve the delivery of the service. • Out of State training • Training for administrative personnel	Allowable with prior approval	
	• Entertainment costs, e.g., office parties • Training courses taken by an employee to acquire basic skills which should have been brought to the job or to qualify for duties other than the position held.	Unallowable	
	Subsistence/Per Diem Costs for room and board while on official travel status		
	• Subsistence or per diem rates may be used.	Allowable	**Required Documentation:** Travel policies and procedures. Receipts for subsistence payments. For overnight accommodations, room rates must be reasonable and ordinary in relation to accommodations within the surrounding area and type of accommodation. **Restriction:** Not to exceed State per diem allowances
	• All tips and gratuities	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: **Operating Costs**	**Supplies** Cost of materials and other consumable supplies necessary for the performance of the contract.		
	• Office supplies • Motor vehicle supplies • Educational supplies • Medical supplies • Recreational supplies • Janitorial supplies • Program supplies	Allowable	
	Telecommunication Cost of telephone service, equipment rentals, telefacsimile, and long distance charges. (For telephone equipment purchases, see Equipment Purchases.)		
	• Normal monthly charges including telefacsimile lines • Inter-island calls • Long-distance mainland calls • Installation costs	Allowable	**Required Documentation:** Schedule detailing phone installation, monthly rates, inter-island calls, number of lines and instruments to support budget request.
	Transportation Cost of ground transportation while on official travel status		
	• Taxi fare • Bus fare • Auto rentals • Parking fees	Allowable	**Required Documentation:** Receipts
	• All tips and gratuities • Parking tickets and fines	Unallowable	
	Utilities		
	• Water/Sewer • Electricity • Gas • Refuse	Allowable	**Required Documentation:** Schedule detailing monthly and annual costs for each item.

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY C: **Equipment Purchases**	Purchase of an item costing more than $1,000 and having a useful life of more than one year		
	• Equipment required for the program	Allowable with prior approval	**Required Documentation:** Schedule detailing cost, use, and clear justification. **Restrictions:** Purchased equipment must be primarily for contracted services and critical to the delivery of services to the target population. Purchased equipment is the property of the State and may be collected upon termination of the contract. Purchases must in accordance with the Department of Accounting and General Services' accounting principles.
CATEGORY D: **Motor Vehicle Purchases**	Purchase of autos, vans, trucks and buses. Motor vehicles required for the program.	Allowable with prior approval	**Required Documentation:** Schedule detailing cost, use, and clear justification. **Restrictions:** Purchased vehicle must be for contracted services and critical to the delivery of services to the target population. Purchased motor vehicles are the property of the State and may be collected upon termination of the contract.

I: Administration I: Information/Data Collection	
REFERENCE I. B. Staff Training I. C. Reporting Requirements I. E. Confidentiality I. H. Supervision	**EFFECTIVE DATE** 10-26-11 revised 12-19-13

I-I: Administration - Information/Data Collection

POLICY

HHVN providers shall submit monthly, quarterly, semi-annual and annual data collection reports according to timelines and formats set by the DOH (see Policy I. C. Reporting Requirements).

HHVN providers shall commit to data collection, integrity, and security. All programs shall have in place physical, electronic, and managerial procedures to safeguard and prevent unauthorized access, maintain data security, and correctly use the information collected. HHVN programs shall provide support to develop tools to collect in a harmonized way health data for qualitative, quantitative and comparative purposes. The results shall be comparable indicators that could be stored in a range of databases.

PROCEDURES

A. HHVN programs may use all information collected to analyze statistical use patterns and demographic data. Programs may also prepare and keep statistical records and other client data, in a way that does not identify any client personally. Programs may use third parties to help collect and analyze data, and may share such statistical data with third parties. The program shall de-identify such statistical data.

B. Except in limited circumstances, HHVN programs shall not sell, rent, license, trade, or otherwise disclose the information of individual clients to unaffiliated third parties. Any and all disclosure of information to unaffiliated third parties shall require the advance written consent of the DOH. HHVN programs may disclose client information to sub-contracted service providers who assist in operating HHVN data bases or conducting HHVN business. Providers may also share such information among the DOH, MCHB, and affiliate branches as necessary to provide the DOH with the information and services DOH requires or may otherwise be interested. HHVN programs may disclose non-personally identifiable client information to other parties for marketing, advertising, public awareness or other uses.

C. The HHVN provider shall acquire, disclose and use client personal information only in ways that respect individual privacy. Information privacy is an individual's claim to control the terms under which personal information, which is information identifiable to an individual, is acquired, disclosed, and used. All HHVN programs shall use a signed Confidentiality Statement to signify that clients and home visitors have come to mutually agreeable understanding of how personal information shall be acquired, disclosed, and used.

D. HHVN program staff who collect personal information directly from the individual shall provide adequate, relevant information about:
   1) Why they are collecting the information;
   2) What the information is expected to be used for;
   3) What steps shall be taken to protect its confidentiality, integrity, and quality;
   4) The consequences of providing or withholding information; and
   5) Any rights of redress.

   HHVN program staff who collect personal information directly from the individual are required to give said individual sufficient information to make an informed decision about his or her privacy. The importance of providing this notice cannot be overstated because the terms of the notice substantially determine the individual's understanding of how personal information shall be used, an understanding that must be respected by all subsequent users of that information.
   1) Redress is required only when an individual is harmed.
   2) When redress is appropriate, the forms may include, but are not limited to: informal complaint resolution, formal complaint resolution, mediation, and arbitration with the goal of providing relief in the most cost-effective manner possible.

E. HHVN client personal information shall not be improperly altered or destroyed. HHVN participants should be able to rely on the integrity of the personal information the HHVN data base contains. The HHVN program shall protect all HHVN personal information against improper alteration or destruction.

F. The provider shall ensure all client's personal information is accurate, timely, complete, and relevant for the purpose for which it is provided and used. HHVN personal information shall have sufficient quality to be relied upon. This means that personal information should be accurate, timely, complete, and relevant for the purpose for which it is provided and used.

G. HHVN programs shall use appropriate technical and managerial controls to protect the confidentiality and integrity of personal information. Programs shall recognize that personal information should be protected in accordance with the individual's understanding and in a manner commensurate with the harm that might occur if it were improperly disclosed or altered. HHVN programs shall adopt a multi-faceted approach that includes both technical and managerial controls. As for technical controls, programs shall consider encrypting personal information, or password protecting the contents of data files. Management controls shall include creating an organizational culture in which individuals learn about fair information practices and adopt these practices as the norm. HHVN organizations shall establish policies to forbid information acquired for one (1) activity from being used for another unrelated activity.

H. To fulfill its mission, HHVN programs rely on data collection at several levels, including data collection activities that involve gathering information from program participants. Recognizing this, and consistent with its commitment to valuing and protecting its human resources, HHVN programs shall recognize the need to ensure that participants involved in all data collection activities are treated with respect.

I. HHVN data collection for non-research purposes is the gathering of data from or about clients by HHVN programs or organizations, with the intent of using the data solely for internal informational or quality assurance purposes or for required data collection purposes. That is, data collected shall NOT be accessible or presented outside the HHVN program/organization (e.g., professional meeting) or published (e.g., professional journal).
   1) Examples of data collection for non-research purposes:
      a. Data collection to improve services or procedures within the HHVN program.
      b. Data collection to ascertain the opinions, experiences, or preferences of the HHVN client community.
      c. Data collection to characterize the HHVN client community collected via: client evaluations/surveys, focus groups, employee satisfaction surveys.
   2) Requirements
      a. Unless potentially sensitive information is collected, HHVN data collection for non-research purposes does NOT require DOH Internal Review Board (IRB) approval.
      b. If information on sensitive topics is being elicited, or if any unanticipated disclosure of responses outside the context of the data collection activity could place the client at risk of criminal, civil liability, or be damaging to the subject's reputation, employability, or financial standing, prior DOH IRB approval is required. Examples would include collecting information on subjects' drug use, alcohol use, sexual behavior, health status, or illegal conduct.

NOTE: If it is uncertain whether or not information gathered for non-research purposes may at a future point contribute to generalizable knowledge, such as through a presentation, publication, or internet access, the Provider shall obtain DOH IRB approval prior to initiating the data collection activity. Under federal policy, the DOH IRB cannot grant retroactive DOH IRB approval.

J. HHVN data collection for research purposes is the gathering of data from or about clients by HHVN programs or organizations, with the intention of contributing to generalizable knowledge. That is, data collected shall be accessible or presented outside the HHVN program/organization.
   1) Examples:
      a. Data collection through questionnaires, interviews, or focus groups with an intention to present the findings (e.g., professional meetings) or to publish the findings (e.g., professional journals/publications).
      b. Collaborative (multi-site) data collection activities planned and carried with the intention of contributing to generalizable knowledge
      c. Research projects initiated elsewhere but involving HHVN employees or volunteers
   2) Requirements:
      a. HHVN data collection for research purposes **DOES** require prior approval by the DOH IRB; and
      b. A DOH IRB application must be submitted to the DOH IRB. No part of the research involving human subjects (including recruitment efforts) may begin before DOH IRB approval has been granted.

K. Home Visitor data collection activities involving human subjects may range from activities taking place entirely within the home visit or clinical/office settings.

Supervisors who assign or supervise data collection activities by home visitors are responsible for ensuring that such activities are conducted in accordance with HHVN policies and that home visitors are qualified to safeguard the well-being of clients.

1) Requirements:
   a. Home Visitor training designed to provide hands-on experience or research training to home visitors has no DOH IRB requirement. Projects in this category are expected to be confined to the specific training and end at the termination of that training; and
   b. Home Visitor projects designed to add to generalizable knowledge through dissemination of results in publications or presentations beyond the training/clinical setting **DOES** require prior approval by the DOH IRB. A DOH IRB application must be submitted to the DOH IRB.

NOTE: If it is anticipated that the home visitor research project shall be used in other training or published or presented beyond the training setting, DOH IRB approval shall be obtained prior to initiating the data collection activity.

L. HHVN programs shall collaborate with the DOH prior to engaging in any outside research with a non-DOH entity.

ATTACHMENTS

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

Attachment: 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: ***Only biological mother may provide authorization. If not completed, write reason here.* ***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: *Leave blank, see next box for more info. If client prefers to insert date, please suggest date of 1 year from today.*	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 redisclosed 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. ☐ 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

I: Administration J: Supervision - Home Visit Rating Scale ("HOVRS")	
REFERENCE I. H. Supervision	**EFFECTIVE DATE** 11-16-11 revised 12-19-13

I-J: Administration - Home Visit Rating Scale ("HOVRS")

The HOVRS is an observation tool that evaluates the quality of home visits by assessing home visitor responsiveness, non-intrusiveness, support of parent-child interaction, and parent and child engagement during the visit.

POLICY

A. Supervisors conduct home visit observations of each home visitor quarterly for newly hired staff in their first year of employment and twice yearly thereafter and use the observation scores during reflective supervision sessions in which the supervisor and the home visitor focus on strengths and areas for improvement.

B. The goal of the HOVRS observation is to provide crucial feedback to the home visitor to improve the quality of home visits.

C. If HHVN provider's model has their own observational tool, they shall defer to their model's observation tool.

PROCEDURES

A. The HOVRS has two (2) subscales: Home Visit Process Quality and Home Visit Effectiveness Quality. It may be used in homes with infants (0 to 12 months old) and toddlers (12 to 24 months old).

B. Home Visit Process Quality (four (4) items) assesses the home visitor's responsiveness to family, relationship with family, facilitation of parent-child interaction, and non-intrusiveness.

C. Home Visit Effectiveness Quality (three (3) items) assesses parent-child interaction, parent engagement, and child engagement.

D. The Observer may rate both scales simultaneously or conduct one (1) observation for Home Visit Process Quality and another observation for Home Visit Effectiveness Quality.

E. The Observer watches the home visitor and complete ratings for each item.

F. All observed visits shall include the home visitor, the mother, and the child. Observed home visits may include another related adult, other children, such as siblings, cousins, or other children living in the home.

G. The Observer may use the HOVRS form (comment section) to document the basic features and content of home visits.

H. The Observer records any noticeable distractions to understand whether they impeded the delivery of content during home visits.

I. Before each observation, the home visitor provides background information about the family's strengths and challenges and their plan for the visit. At the end of the observation, the home visitor reports to the observer whether or not they felt the home visit aligned with the original plan and whether or not they felt they accomplished their objectives for the visit.

J. HOVRS items are rated on a 7-point scale, with the anchor points at 1 (inadequate), 3 (adequate), 5 (good), and 7 (excellent). Observers review whether most items are checked as 1, 3, 5, or 7 to determine an overall rating between 1 and 7.

K. Ratings for the Home Visit Process Quality scales may be summed to derive an index of process quality, and the Home Visit Effectiveness Quality scales may likewise be summed to create an index of effectiveness quality.

L. The analysis of observation data describes only the content and quality of the observed visit and should not be compared over time.

M. The supervisor shall provide individual supervision to discuss the HOVRS observation and provided crucial feedback to the home visitor to improve the quality of home visits. The supervisor shall document the managerial discussion of the HOVRS observation.

ATTACHMENTS
Home Visitor Observation
Parent Child Observation

Attachment: Home Visitor Observation

Date HOVRS was completed_____ Length of Observed Home Visit_____
Family Participants_____
Home Visitor_____ Observer_____

Purpose: The Home Visit Rating Scales (HOVRS) is an observation tool that evaluates the quality of home visits by assessing home visitor responsiveness, non-intrusiveness, support of parent-child interaction, and parent and child engagement during the visit. Supervisors conduct home visit observations and use the observation scores during reflective supervision sessions in which the supervisor and the home visitor focus on strengths and areas for improvement. The goal of the HOVRS observation is to provide crucial feedback to the home visitor to improve the quality of home visits.

Instructions:

1. The HOVRS has two (2) subscales: Home Visit Process Quality and Home Visit Effectiveness Quality. It may be used in homes with infants (0 to 12 months old) and toddlers (12 to 24 months old).
2. Home Visit Process Quality (four (4) items) assesses the home visitor's responsiveness to family, relationship with family, facilitation of parent-child interaction, and non-intrusiveness.
3. Home Visit Effectiveness Quality (three (3) items) assesses parent-child interaction, parent engagement, and child engagement.
4. The Observer may rate both scales simultaneously or conduct one (1) observation for Home Visit Process Quality and another observation for Home Visit Effectiveness Quality.
5. Observer watches the home visitor and complete ratings for each item.
6. All observed visits shall include the home visitor, the mother, and the child. Observed home visits may include another related adult, other children, such as siblings, cousins, or other children living in the home.
7. Observers may use the HOVRS form (comment section) to document the basic features and content of home visits.
8. Observers record any noticeable distractions to understand whether they impeded the delivery of content during home visits.
9. As part of the observations, the home visitor provides some background information for the observer. Before each observation, the home visitor provides information about the family's strengths and challenges and their plan for the visit. At the end of the observation, the home visitor reports to the observer whether or not they felt the home visit aligned with the original plan and whether or not they felt they accomplished their objectives for the visit.
10. HOVRS items are rated on a 7-point scale, with the anchor points at 1 (inadequate), 3 (adequate), 5 (good), and 7 (excellent). Observers review whether most items are checked as 1, 3, 5, or 7 to determine an overall rating between 1 and 7.
11. Ratings for the Home Visit Process Quality scales may be summed to derive an index of process quality, and the Home Visit Effectiveness Quality scales may likewise be summed to create an index of effectiveness quality.
12. The analysis of observation data describes only the content and quality of the observed visit and should not be compared over time.

Reminders:

1. The instrument can be challenging to use for families with infants**.** Several indicators measure the home visitor or the parent's interaction with the child in conducting play-oriented activities. However, measuring the quality of interactions between the parent, for example, a two (2)-week-old child can be challenging because the infant's age means that home visit activities may be more parent-focused (e.g., discussion of developmental milestones or support for breastfeeding) rather than child-focused or play-oriented.
2. Each scale consists of a series of indicators describing the interactions of the home visit participants. At times, some indicators are more relevant than others. For example, a home visitor might not need to interact sociably with an infant in the same way he or she might need to with an 18-month-old child.
3. Many of the conversations between a parent and home visitor can be personal. Observations might not capture the depth of the relationship between a home visitor and a parent because the presence of the observer might cause the parent to be more guarded.
4. The presence of an observer might influence home visitors to change home visit plans in such a way that they are teaching to the test during an observed visit rather than providing content that meets a family's needs.
5. In some cultures, asking a professional employee questions or initiating discussion may be considered rude. A parent with this cultural background might score lower on the parent engagement scale, which includes an indicator about whether the parent initiates discussion.
6. The HOVRS might not account for cultural differences for how a parent engages with the home visitor. It is possible that parents might not interact with the home visitor or with the child in the way measured by the instrument. For example, some families' cultural beliefs or childrearing practices play a role in how often mothers initiate discussion or touch their children.

Observation Summary:

Home Visitor Facilitation of Parent-Child Interaction						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Home Visitor						
☐ Rarely helps parent respond to child's cues for interaction		☐ Tries to facilitate interactions, even if not always effectively		☐ Facilitates some parent-child interactions		☐ Consistently facilitates parent-child interactions
☐ Ignores parent-child interactions		☐ Tells parent to interact with child		☐ Observes parent-child interacts and give feedback		☐ Facilitates parent-child interactions that are rich and easy
☐ Interacts with either parent or child but not both		☐ Tells child to interact with parent		☐ Comments on child's cues for interaction		☐ Provides appropriate suggestions and encouragement for parent-child interactions
☐ Intrudes on ongoing parent-child interactions				☐ Prompts parent to engage in interaction with child		☐ Uses materials already in the home to promote parent-child interaction
				☐ Brings materials or activities to the home to promote parent-child interactions		
Home visitor made consistent efforts to use materials to facilitate parent-child interactions and provided positive reinforcement for such interactions. Home visitor interacted with both parent and child.						**Overall rating =**

Comments:

Home Visitor Relationship with Family						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Home Visitor						
☐ Does not appear to enjoy being in the home		☐ Is engaged in the home visit		☐ Is warm and respectful of the parent		☐ Attempts to involve everyone in the room in activities
☐ Engages in little (or forced) conversation with family members		☐ Interacts sociably with child		☐ Is relaxed in interacting with both parent and child		☐ Obviously enjoys being in the home
☐ Is critical, condescending, or tense		☐ Interacts sociably with parent		☐ Is accepting of the family system		☐ Is sensitive to various situation that arise
☐ Seems distracted, detached, or both		☐ Interacts with other family members		☐ Interacts with everyone present		☐ Shows interest in what is happening with the family
☐ Ignores family members other than parent and child				☐ Brings materials or activities to the home to promote parent-child interactions		

Home visitor appears to have developed a trusting relationship with family. Home visitor and parents interact sociably and were warm and respectful with each other. Home visitor showed interest in the family's life, and parents shared information openly with visitor during observed visit. Home visitor was observed providing comments, suggestions, and feedback to promote parent-child interactions. These conversations included discussion of how the interaction supported the child's development.

Overall rating =

Comments:

Home Visitor Responsiveness to Family						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Home Visitor						
☐ Instruct family rather than sharing activities with family		☐ Responds to parent's input		☐ Gets more information by asking open ended questions		☐ Comments on family's strengths or positive interactions
☐ Does not plan well for the visit; forget necessary materials		☐ Suggests activities to parent to support child development		☐ Gets more information by observing parent and child		☐ Follows parent and child's lead in activities
☐ Works primarily with child, showing parent what to do		☐ Shares activities with parent and child		☐ Asks parent about goals		☐ Helps parent plan activities for visits
		☐ Is prepared for activities of the home visit		☐ Asks parent about activities for visits		☐ Helps parent plan how to meet goals
		☐ Models appropriately		☐ Comments on child's developmental level		☐ Gives developmental information relevant to activities
		☐ Provides information on child development		☐ Gives developmental information relevant to this child		

Home visitor demonstrates good responsiveness by planning and executing home visits with the family's needs and interests in mind. Strategies included frequently asking open-ended or follow-up questions and following the parent-child lead in activities by changing the pace of activities to meet family interests or needs.

Overall rating =

Comments:

Home Visitor Nonintrusiveness						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Home Visitor						
☐ Is intrusive or directive		☐ Makes suggestions and directions, but not excessively		☐ Usually facilitate but some faltering		☐ Consistently sits back when parent-child interaction is ongoing
☐ Overwhelms parent or child		☐ Hands materials to child instead of parent		☐ Occasionally hands toys or materials to child instead of parent		☐ Is consistently responsive to parent and child cues
☐ Often tells parent what to do		☐ Reinforces child before parent does		☐ Occasionally reinforces the child before the parent does even though parent shows ability to do it		☐ Is consistently responsive to parent ideas and interests
☐ Takes over activities		☐ Persists with activity too hard for parent and/or child		☐ Usually hands materials for child to parent instead of to child		☐ Consistently hands toys and other materials for child to parent instead of the child
☐ Plays with or teaches child him-or herself		☐ Persists with activity not interesting to parent or child				

Home visitor demonstrated strengths in consistently responding to parent and child cues when making a transition to new activities or topics. During ongoing parent-child interactions, home visitor consistently sat back and observed the interaction rather than inserting themselves into it.

Overall rating =

Comments:

Attachment: Parent Child Observation

Date HOVRS was completed_____ Length of Observed Home Visit_____
Family Participants_____
Home Visitor_____ Observer_____

Purpose: The Home Visit Rating Scales (HOVRS) is an observation tool that evaluates the quality of home visits by assessing home visitor responsiveness, non-intrusiveness, support of parent-child interaction, and parent and child engagement during the visit. Supervisors conduct home visit observations and use the observation scores during reflective supervision sessions in which the supervisor and the home visitor focus on strengths and areas for improvement. The goal of the HOVRS observation is to provide crucial feedback to the home visitor to improve the quality of home visits.

Instructions:

1. The HOVRS has two (2) subscales: Home Visit Process Quality and Home Visit Effectiveness Quality. It may be used in homes with infants (0 to 12 months old) and toddlers (12 to 24 months old).
2. Home Visit Process Quality (four (4) items) assesses the home visitor's responsiveness to family, relationship with family, facilitation of parent-child interaction, and non-intrusiveness.
3. Home Visit Effectiveness Quality (three 3 items) assesses how engaged the parent is with the home visitor and with the child and on how engaged the child is with the activities of the home visit. The scales included in this subscale are parent-child interaction, parent engagement, and infant engagement.
4. The Observer may rate both scales simultaneously or conduct one (1) observation for Home Visit Process Quality and another observation for Home Visit Effectiveness Quality.
5. Observer watches the home visitor and complete ratings for each item.
6. All observed visits shall include the home visitor, the mother, and the child. Observed home visits may include another related adult, other children, such as siblings, cousins, or other children living in the home.
7. Observers may use the HOVRS form (comment section) to document the basic features and content of home visits.
8. Observers record any noticeable distractions to understand whether they impeded the delivery of content during home visits.
9. As part of the observations, the home visitor provides some background information for the observer. Before each observation, the home visitor provides information about the family's strengths and challenges and their plan for the visit. At the end of the observation, the home visitor reports to the observer whether or not they felt the home visit aligned with the original plan and whether or not they felt they accomplished their objectives for the visit.
10. HOVRS items are rated on a 7-point scale, with the anchor points at 1 (inadequate), 3 (adequate), 5 (good), and 7 (excellent). Observers review whether most items are checked as 1, 3, 5, or 7 to determine an overall rating between 1 and 7.
11. Ratings for the Home Visit Process Quality scales may be summed to derive an index of process quality, and the Home Visit Effectiveness Quality scales may likewise be summed to create an index of effectiveness quality.
12. The analysis of observation data describes only the content and quality of the observed visit and should not be compared over time.

Reminders:

1. The instrument can be challenging to use for families with infants**.** Several indicators measure the home visitor or the parent's interaction with the child in conducting play-oriented activities. However, measuring the quality of interactions between the parent, for example, a two (2)-week-old child can be challenging because the infant's age means that home visit activities may be more parent-focused (e.g., discussion of developmental milestones or support for breastfeeding) rather than child-focused or play-oriented.
2. Each scale consists of a series of indicators describing the interactions of the home visit participants. At times, some indicators are more relevant than others. For example, a home visitor might not need to interact sociably with an infant in the same way he or she might need to with an 18-month-old child.
3. Many of the conversations between a parent and home visitor can be personal. Observations might not capture the depth of the relationship between a home visitor and a parent because the presence of the observer might cause the parent to be more guarded.
4. The presence of an observer might influence home visitors to change home visit plans in such a way that they are teaching to the test during an observed visit rather than providing content that meets a family's needs.
5. In some cultures, asking a professional employee questions or initiating discussion may be considered rude. A parent with this cultural background might score lower on the parent engagement scale, which includes an indicator about whether the parent initiates discussion.
6. The HOVRS might not account for cultural differences for how a parent engages with the home visitor. It is possible that parents might not interact with the home visitor or with the child in the way measured by the instrument. For example, some families' cultural beliefs or childrearing practices play a role in how often mothers initiate discussion or touch their children.

Observation Summary:

Parent-Child Interaction During Home Visit						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Parent and Child						
☐ Interaction is minimal, negative, or nonresponsive		☐ Interaction starts unengaged, but then they get involved in activities together on and off		☐ Engage in eye contact fairly frequently		☐ Consistently are responsive to each other during the home visit
☐ Interaction disrupted by crisis		☐ Interaction starts engaged, but then one of them becomes unengaged		☐ Interact with some warmth		☐ Obviously enjoy each other's company and time they spend together
☐ Interaction not maintained due to child's noncompliance or temper tantrum		☐ Interaction is sometimes positive, but less than half of the time		☐ Make positive physical contact		☐ Interact with a great deal of warmth
☐ Interaction occurs infrequently				☐ Are in close physical contact during activities		☐ Parent consistently allows child to take lead in activities
				☐ Parent occasionally allows child to take lead in activities		

Parent(s) generally demonstrated frequent warm interactions with their child(ren) during the observed home visit, frequently touching child(ren) affectionately, and consistently attending to their child(ren). Parent(s) consistently changed pace or activity to meet their children's interests.

Overall rating =

Comments:

Parent Engagement During Home Visit						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Parent						
☐ Does not indicate interest in material or activities		☐ Is available for interaction with home visitor and child		☐ Appears interested in activities of home visit		☐ Frequently initiates discussions on child's development or family
☐ Does not initiate activities or conversations with child or home visitor		☐ Occasionally participates in activities		☐ Initiates topics or asks questions		☐ Engages in play and learning activities with child during visits
☐ Positions self away from home visitor and child		☐ Is in proximity to home visitor and child during most of the visit		☐ Is an active participant with the child and home visitor		☐ Asks questions or provides information related to discussion
☐ Is distracted, disinterested, physically distant, or involved in another activity		☐ Shows some interest in material or activities				☐ Stays in proximity to child and home visitor throughout visit
		☐ Answers questions but does not elaborate				☐ Shows enjoyment of visit activities
Parent(s) and child(ren) were engaged in play and learning activities and appeared to actively participate in visit activities. Parent(s) were observed asking questions and initiating discussion and expressed interest in visit activities.						**Overall rating =**

Comments:

Child Engagement During Home Visit						
Inadequate 1	**2**	**Adequate 3**	**4**	**Good 5**	**6**	**Excellent 7**
Child						
☐ Does not participate in home visit activities		☐ Is sometimes engaged in home visit activities		☐ Is frequently engaged in home visit activities		☐ Consistently and enthusiastically interacts with the parent and/or home visitor
☐ Does not interact with parent and/or home visitor		☐ Appears only somewhat interested in the home visit activities		☐ Frequently shows interested in the home visit activities		☐ Consistently and enthusiastically participates in home visit activities
☐ Cries when coaxed to participate in activities in the home visit		☐ Sometime interacts with the parent and/or home visitor through body language, gaze, gestures, or vocalizations		☐ Frequently interacts with the parent and/or home visitor through body language, gaze, gestures, or vocalizations		☐ Tries to initiate activities or interactions during home visit
						☐ Consistently show enjoyment that home visitor is in the home
Child(ren) appeared to be engaged in home visit activities and interactions. Infants gazed at mother and home visitor and made vocalizations, such as cooing or gurgling.						**Overall rating =**

Comments:

II
PROGRAM ENTRY

II: Program Entry **A: Eligibility for HHVN Services**	
REFERENCE HFA Standard 1, HFA Standard 1-1.D. HFA Standard 2, HFA Standard 3-1 Reentering into the HHVN Program Policy	**EFFECTIVE DATE** 01-01-09 05-18-11 revised 09-28-11 revised 12-19-13 revised 7-22-14

II-A: Program Entry – Eligibility for HHVN Services

POLICY

A. HFA, Parents as Teachers ("PAT"), and Home Instruction for Parents of Preschool Youngsters ("HIPPY") model programs shall follow model eligibility requirements.

B. HFA and PAT programs shall enroll an infant, birth to three (3) months of age.

C. HIPPY model programs shall enroll children three (3) to five (5) years of age.
   1) Children within the HIPPY service area may transition from an HHVN home visiting program that serves children ages zero (0) to three (3) years old to a HIPPY program and continue to receive home visiting services without an additional screen.
   2) The HIPPY program shall screen all families who have not transitioned from an HHVN zero (0) to three (3) year old program utilizing the MIECHV eligibility criteria only.

PROCEDURES

A. Program policy, procedures and practices shall ensure services are offered to families on a voluntary basis. Offering services voluntarily (allowing families to choose to participate) increases trust and receptivity.

   Voluntary: This term is used to differentiate between activities in which an individual chooses to participate (voluntary) and activities in which an individual is required, without choice, to participate (mandatory).

B. The program shall receive families' consent for enrolling in the program.

C. The program shall receive families' consent to be screened and assessed.

D. The EID program shall screen all pregnant women and families with newborns within the first two (2) weeks of birth of the infant who reside in specified geographic areas. If families reside:
   1) In specified geographic areas for home visiting services: the EID program shall use MIECHV Eligibility Criteria and conduct the 15-Point Screen to determine families' eligibility for HHVN home visiting services and refer to a home visiting program; or
   2) Outside of the specified geographic areas for home visiting services, the EID program shall provide a community referral as needed. When providing a community referral to a home visiting program, preference is given to the families' choice when multiple HHVN home visiting programs are available. If HHVN home visiting programs are

unavailable, the EID program shall refer families to non-HHVN home visiting programs and/or other community resources that are available.

E. The EID programs shall receive referrals from Home Visiting programs, community partners, or other referrals of potential clients for home visiting services. The EID programs may determine MIECHV eligibility and conduct screening over the telephone. If families reside:
   1) In specified geographic areas for home visiting services, the EID program shall use the MIECHV Eligibility Criteria and conduct the15-Point Screen to determine families' eligibility for HHVN home visiting services and refer families to HHVN home visiting programs;
   2) In specified geographic areas for home visiting services and HHVN home visiting programs are at capacity, the EID programs shall provide case management to families for up to 90 days and/or refer families to available HHVN home visiting programs or other community resources;
   3) Outside of the specified geographic areas in the EID contract, the EID program shall provide a community referral as needed to families (e.g., The Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), The Supplemental Nutrition Assistance Program ("SNAP"), MedQUEST, Shelters, Early Head Start ("Early Head Start") Federal, etc.); or

F. HHVN home visiting programs may conduct the MIECHV Eligibility Criteria and the 15-Point screen to establish a family's eligibility when the program determines that it may be in the family or the program's best interest (i.e. family request, infant is nearing three (3) months of age, concerns about mother or child's health or safety, etc.).

G. The EID program shall have written policy and procedures regarding eligibility and screening criteria and documentation of screening summaries and/or narratives that cover all areas as outlined by the screening tool.

H. Subsequent pregnancies do not require additional screening.

I. Participants must meet one (1) or more of the following MIECHV eligibility requirements to be eligible for HHVN home visiting services:
   1) MIECHV eligibility requirements:

Criteria	Guidance
1) Have low incomes	Below Federal Poverty Guidelines for Hawaii.
2) Are pregnant women who have not attained age 21	Positive screen if mother is not age 21 within 60 days following birth.
3) Have a history of child abuse or neglect	Based on self-report, an enrollee who has a history of abuse or neglect or has had involvement with child welfare services either as a child or as an adult.
4) Have a history of substance abuse or need substance abuse treatment;	Parent self-report of substance abuse within the last two (2) years. Parent self-report of substance abuse treatment within the last two (2) years.

5) Are users of tobacco products in the home;	Parent self-report of users of tobacco products in the home.
6) Have, or have children with, low student achievement;	Based on self-report, enrollees who have perceived themselves or their child(ren) as having low student achievement. Parent(s) that didn't receive a high school diploma or obtain a GED. Parent(s) that received a high school certificate of completion. Parent reports other child or children with low student achievement.
7) Have children with developmental delays or disabilities;	Target child is born with disability. Genetic disabilities (e.g., Down's Syndrome). Target born prematurely (before 36 weeks). Older sibling(s) with developmental delays or disabilities.
8) Are in families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States	For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.

2) PAT and HFA model participants must screen positive on the 15-Point Screen to be eligible for HHVN home visiting services. In this "true"/"false" screening tool, a prospective participant shall automatically screen positive if items nine (9) or 12 are True. Otherwise, two (2) or more "true" scores or seven (7) or more "unknowns" screen positive.

   The 15-point screen is not required for participants in HIPPY model programs.

Item	Guidance
1) Marital status	Score true for any situations other than married (e.g., divorce, separation, single, widowed, etc.)
2) Unemployed	Score true if partner is unemployed or mother is single-parent and unemployed
3) Inadequate income	Below Federal Poverty Guidelines for Hawaii
4) Unstable housing	Score true if family has relocated within the past six (6) months or have temporary living arrangements
5) No phone	No phone or no phone service or phone service has been terminated anytime within the past 6 months
6) Education under 12 years	Score true if parent(s) didn't receive a high school diploma or obtain a GED

7) Inadequate emergency contact	To score false, contact must be maternal or paternal parents, maternal or paternal siblings, or partner and the contact has to be within the state of Hawaii.
8) 8) History of Substance Abuse	On chart or self-reported within the last two (2) years.
9) Late or no prenatal care *automatic positive screen	13 weeks or after for first prenatal visit or have five (5) or less total visits
10) History of abortions	Two (2) or more sought in lifetime, or one (1) within the last 12 months
11) History of psychiatric care	On chart or self-reported
12) Abortion unsuccessfully sought or attempted *automatic positive screen	On chart or self-reported
13) Relinquishment for adoption sought or attempted	On chart or self-reported
14) Marital or family problems	
15) History of or current depression	On chart or self-reported

J. The EID program shall refer families to the appropriate home visiting program within two (2) business days of EID supervisor's review of families' EID assessment.

K. The HHVN program shall contact families within two (2) business days of receipt of referral from the EID program

L. The HHVN program shall contact families by telephone or email to initiate home visiting services. Families then have five (5) business days to decline or accept services. If the offer of services is declined the referral shall be deactivated.

M. The HHVN program shall use U.S. Postal Service and drop-in visits for families that cannot be contacted by telephone or email. Three (3) letters delivered via U.S. Postal Service and three (3) drop-in visits shall be conducted within 30 days of referral from EID. Families that do not schedule a first home visit within 30 days of referral shall be deactivated.

N. A family who qualifies for enrollment may volunteer to participate in home visiting services if the household living arrangement consists of:
1) An infant, birth to three (3) months of age, for HFA and PAT programs; or
2) A child three (3) to five (5) years of age in the HIPPY program.

O. HIPPY programs shall prioritize serving families with preference first being given to participants who are discharging from zero (0) to three (3) year old HHVN home visiting programs.

P. HIPPY programs shall screen all families who have not transitioned from a zero (0) to three (3) year old HHVN home visiting program utilizing the MIECHV eligibility criteria only.

Q. The DOH shall allow MIECHV HHVN home visiting programs to provide services to multiple children in a family only as described below. The intention of this provision is to allow programs to provide services to non-index children who are in the home while an index child is completing program service delivery.
   1) The family may have simultaneous enrollment in two (2) different programs if one (1) child is enrolled in a zero (0) to three (3) year old program and the older sibling is enrolled in a three (3) to five (5) year old program.
   2) Programs shall not enroll more than one (1) index child per family in the same type of program (i.e., two (2) index children are not eligible to be enrolled in a three (3) to five (5) program, two (2) index children are not eligible to be enrolled in zero (0) to three (3) programs with the exception to multiples.)
   3) When a family has newborn multiples (e.g., twins, triplets, etc.), each child shall be an index child and shall be enrolled in the same program. Programs shall collect and report data for multiple index children.
   4) If a family has an index child who becomes an older sibling due to a newborn, the program may enroll the infant, but not as an index child and therefore data is not reported. In this circumstance, when the index child ages out of the home visiting program and a younger sibling is enrolled in a home visiting program, services shall end. Prior to services ending for the younger child, the program shall have helped create a transition plan for the family, notifying them of the program end date and any community referral resources they can provide to the family to help with the transition out of the program.
   5) Programs shall not allow a family to dis-enroll an index child so that their newborn is eligible in order to prolong services.

R. When a family enrolled in an HHVN home visiting program moves and no longer resides within the specified geographic area, it is the program's decision whether or not to continue to provide the family with home visiting services. The program shall consider the following:
   1) If it is the best use of HHVN funds, time, and resources to provide home visiting services to families residing outside of the catchment area;
   2) That the priority for providing home visiting services is children from birth to three (3) months old residing within the specified geographic areas; and
   3) If the HHVN home visiting program decides to continue providing home visiting services to the family, the family shall be considered part of the ten percent (10%) allowance for families who reside outside of the specified geographic area for home visiting services.

S. HHVN providers shall focus their limited funding on providing home visiting services to families living within the specified geographic areas for home visiting services and to keep their model's standards in mind when thinking about accepting families living

outside their specified geographic areas. HHVN programs shall begin with screening every family living within their specified geographic areas; if the program does not have enough families residing in their specified geographic areas, the program may start looking outside their specified geographic areas as long as the families meet the MIECHV Eligibility Criteria and 15-Point Screen and the percentage of families served outside of the specified geographic areas for home visiting services does not exceed ten percent (10%).

1) The ten percent (10%) allowance for families who reside outside of the specified geographic areas for home visiting services is applicable for the HHVN home visiting programs only, not EID programs.
2) If a potential ten percent (10%) referral comes from a community partner, OBGYN, pediatrician, prenatal program, etc., to an HHVN home visiting provider, the provider shall:
    a. Determine if they believe the family is MIECHV eligible and would pass the 15-point screen;
    b. Decide if it is the best use of HHVN funds, time, and resources to provide home visiting services to a family residing outside of the specified geographic area for home visiting services;
    c. Determine whether or not to provide home visiting services to the family. If the HHVN home visiting program decides to serve the family as part of their ten percent (10%):
        i. The HHVN home visiting provider shall refer the family to EID to conduct the formal MIECHV eligibility and 15-pt. screen assessments. The FAW may conduct these assessments over the phone with the family; and
        ii. If the family is MIECHV eligible and positive on the 15 pt. screen, EID shall refer the family back to the HHVN home visiting program for services.

RESOURCES

State Office of Planning – Hawaii Statewide GIS Program
United States Census Bureau - Census Tract Street address lookup tool

II: Program Entry B: Early Identification and Referral	
REFERENCE I. G. Staff Caseload II. A Eligibility for HHVN Services	**EFFECTIVE DATE** 07-27-11 10-1-12 revised 11-7-13 revised 12-19-13 revised 7-22-14

II-B: Program Entry – Early Identification and Referral

POLICY

A. EID programs shall screen all target pregnant women and families with newborns within the first two (2) weeks of birth of the infant who reside in the Census Tracts specified in the program's contract.

B. EID program shall receive referrals from home visiting programs, community partners, or other referrals of potential clients for home visiting services, determine eligibility, and refer to HHVN home visiting programs if eligible for HHVN home visiting services or other community resources when families are not eligible.

C. A ten percent (10%) allowance is permitted to home visiting programs for families who reside outside of the specified geographic areas. The ten percent (10%) allowance is not applicable for EID programs.

D. To reduce duplication of screenings, when the EID program receives a prenatal referral from a community service provider, the EID program shall review the Management Information System (MIS) to determine if a screen has already been provided.

E. If HHVN home visiting programs are at capacity, EID programs shall provide families who accept home visiting services with short-term, temporary case management services during the first 90 days following the child's birth.
   1) If HHVN home visiting programs are at capacity, EID programs shall immediately refer families to community services; or
   2) If a family agrees to home visiting services or requests a specific HHVN home visiting program and is willing to wait for an available slot to open up within 90 days following the child's birth, EID program shall contact the HHVN home visiting program to obtain an estimated date the home visiting program will be available to accept the family. If the estimated date of acceptance into a home visiting program is within 90 days following the child's birth, the EID program shall provide short-term, temporary case management to the family which shall include, but is not limited to:
      a. Telephone contact, network referrals, community resource referrals, drop-in visits to the home, sending reminder postcards, sending texts, etc. to see if the family is still engaged and willing to accept home visiting services.

F. HHVN home visiting programs shall contact the EID programs to inform them that temporary case management is no longer needed once a family's first home visit has been completed.

G. HIPPY home visiting programs serves children ages three (3) to five (5) years old. For participants entering the HIPPY program, the HIPPY program shall prioritize with preference first being given to families with children ages zero (0) to three (3) years old, who are discharging from HHVN home visiting programs who shall continue to receive home visiting services without needing an additional screen. The HIPPY program shall screen all families who have not transitioned from an HHVN zero (0) to three (3) year old program utilizing the MIECHV eligibility criteria only.

H. HFA model fidelity standards shall be implemented by all HHVN EID programs, including when referring families to non-HFA HHVN home visiting programs.

PROCEDURES

A. The EID program shall screen all target pregnant women and families with newborns within the first two (2) weeks of birth of the infant who reside in specified geographic areas. If families reside:

B. In a specified geographic area for home visiting services, the EID programs shall use MIECHV Eligibility Criteria and conduct the 15-Point Screen to determine families' eligibility for HHVN home visiting services; or

C. Outside of the specified geographic areas for home visiting services, the EID programs shall provide a community referral as needed. When providing a community referral to a home visiting program, preference is given to the families' choice when multiple HHVN home visiting programs are available. If HHVN home visiting programs are unavailable, refer to non-HHVN home visiting programs and/or other community resources that are available.

D. EID program shall receive referrals from Home Visiting programs, community partners, or other referrals of potential clients for home visiting services. The EID program may determine MIECHV Eligibility and conduct screening over the telephone. If families reside:

E. In specified geographic areas, the EID programs shall use the MIECHV Eligibility Criteria and 15-Point Screen to determine families' eligibility and refer to HHVN home visiting programs;

F. If HHVN home visiting programs are at capacity, EID programs shall provide families who accept home visiting services with short-term, temporary case management services during the first 90 days following the child's birth.
   1) If HHVN home visiting programs are at capacity, EID programs shall immediately refer families to community services; or
   2) If a family agrees to home visiting services or requests a specific HHVN home visiting program and is willing to wait for an available slot to open up within 90 days following the child's birth, EID program shall contact the HHVN home visiting program to obtain an estimated date the home visiting program will be available to

accept the family. If the estimated date of acceptance into a home visiting program is within 90 days following the child's birth, the EID program shall provide short-term, temporary case management to the family which shall include, but is not limited to:

a. Telephone contact, network referrals, community resource referrals, drop-in visits to the home, sending reminder postcards, sending texts, etc. to see if the family is still engaged and willing to accept home visiting services.

G. Outside of the specified geographic, the EID programs shall provide community referrals as needed (e.g., WIC, SNAP, MedQUEST, Shelters, EHS Federal, etc.).

H. When the EID program receives a prenatal referral from a community service provider, the program shall check with the Management Information System (MIS) for results of the family's 15-Point Screen. If the 15-Point Screen was completed less than 90 days prior to referral and:
   1) The 15-Point Screen was not done: EID provider shall conduct the screen and based on the results, refer to HHVN home visiting program if eligible, or refer to appropriate community resources as needed if not eligible for HHVN;
   2) The 15-Point Screen was positive: refer to HHVN home visiting program;
   3) The 15-Point Screen was negative: do not refer to home visiting, refer to appropriate community resources as needed.

I. The EID programs shall receive families' consent to be screened and assessed.

J. The EID programs shall screen all families, prenatally or within the first two (2) weeks after the birth of the baby, who reside in the specified geographic areas.

K. The EID programs shall screen all families, prenatally or within the first two (2) weeks after the birth of the baby, utilizing MIECHV Eligibility Criteria and the 15-Point Screen to determine families' eligibility for the HHVN home visiting program.

L. The EID programs shall complete screens within two (2) weeks of the child's birth and refer families to the appropriate home visiting program within two (2) business days of EID supervisor's review of the families EID assessment.

M. If HHVN home visiting programs are at capacity, EID programs shall provide families who accept home visiting services with short-term, temporary case management services during the first 90 days following the child's birth.
   1) If HHVN home visiting programs are at capacity, EID programs shall immediately refer families to community services; or
   2) If a family agrees to home visiting services or requests a specific HHVN home visiting program and is willing to wait for an available slot to open up within 90 days following the child's birth, EID program shall contact the HHVN home visiting program to obtain an estimated date the home visiting program will be available to accept the family. If the estimated date of acceptance into a home visiting program is within 90 days following the child's birth, the EID program shall provide short-term, temporary case management to the family which shall include, but is not limited to:

a. Telephone contact, network referrals, community resource referrals, drop-in visits to the home, sending reminder postcards, sending texts, etc. to see if the family is still engaged and willing to accept home visiting services.

N. HHVN home visiting programs shall contact the EID programs by telephone, email, fax, etc., to inform them that temporary case management is no longer needed once a family's first home visit has been completed.

O. The HHVN home visiting programs shall contact families within two (2) business days of receipt of referrals from the EID program.

P. The HHVN home visiting programs shall contact families by telephone or email to initiate home visiting services. Families then have five (5) business days to decline or accept services. If the offer of services is declined the referral shall be deactivated.

Q. The HHVN home visiting programs shall use U.S. Postal Service and drop-in visits for families that cannot be contacted by telephone or email. Three (3) letters delivered via U.S. Postal Service and three (3) drop-in visits shall be conducted within 30 days of referral from EID. Families that do not schedule a first home visit within 30 days of referral shall be deactivated.

R. The HHVN home visiting programs shall allow families to choose which MIECHV HHVN home visiting program they would like to enroll in when the families live in areas where more than one (1) MIECHV HHVN home visiting program provides services and has current openings.

RESOURCES

State Office of Planning – Hawaii Statewide GIS Program
United States Census Bureau - Census Tract Street address lookup tool

III
SERVICE DELIVERY

III: Service Delivery A: Frequency of Home Visiting Services	
REFERENCE Family Service Plan Policy	**EFFECTIVE DATE** 01-01-09 revised 09-09 revised 05-18-11 revised 12-19-13

III-A: Frequency of Home Visiting Services

POLICY

A. HHVN programs for children ages zero (0) to three (3) years old offer home visitation services intensively after the birth of the baby. The HIPPY program offers services to children ages three (3) to five (5) years old. Programs shall have a well-thought-out system for managing the frequency and intensity of home visiting services based on the needs and preference of the families. The program shall use the child's FSP or Goal Tracking Sheet ("GTS") to reflect the frequency and intensity of services.

B. HHVN providers shall monitor and address how to increase home visitation completion rates.

C. HHVN providers shall offer home visitation services to families with the intention of providing services for three (3) years after the birth of the baby. The HIPPY program shall offer home visitation services to families with children ages three (3) to five (5) years old.

PROCEDURES

A. The program shall document the frequency and intensity of services in the client's case notes.

B. The program shall document changes in the frequency and intensity of services in the client's case notes.

C. The home visitor shall work with their families to help determine the appropriateness of frequency and intensity of services.

D. The program shall document the justification of changes to the frequency and intensity of services in the client's case notes. Documentation may be a progress note in the family's/child's record indicating that the record was reviewed for home visit schedule compliance and family stability, and that the home visiting team and family concurred with the level change.

III: Service Delivery **B: Family Service Plan or Goal Tracking Sheet**	
REFERENCE Child Developmental Screening & Surveillance Policy Parents as Teachers Goal Tracking Sheet	**EFFECTIVE DATE** 01-01-09 09-09 revised 05-18-11 revised 12-19-13

III-B: Service Delivery – Family Service Plan or Goal Tracking Sheet

POLICY

A. HHVN providers shall focus their services on supporting the parent(s) as well as supporting parent-child interaction and child development. This support should include discussing issues identified during the initial assessment, collaborating with families to identify, develop, and achieve goals; sharing parenting and child development information; and ensuring children are developmentally on target.

B. HHVN providers shall have policies and procedures regarding the promotion of positive parent-child interaction, child development skills, and health and safety related practices with families that clearly indicate the curricula and/or materials used to share this information and specify how often this information is shared with families.

C. Delivery of services to families is guided by the FSP or the GTS and the process of developing the plan uses family-centered practices. Family-centered practices are designed to be flexible, accessible, developmentally appropriate, strength-based, and responsive to family-identified needs.

D. The FSP or GTS is written collaboratively, developed by the family and the home visitor. The FSP/GTS shall identify the family's resources, strengths/competencies, and concerns and identify the services desired to meet the needs of the family and promote the development of the child(ren).

PROCEDURES

A. The program shall use the FSP/GTS to guide service delivery. Practice can include a variety of mechanisms such as:
   1) Continually reviewing current goals and documenting when steps are achieved;
   2) Celebrating and/or affirming when steps/goals are accomplished;
   3) Keeping goals current (e.g., the timeframes reflect future activities);
   4) Developing new goals when prior goals are accomplished;
   5) Ensuring staff's activities and interventions are related to the steps/goals;
   6) Ensuring resources & referrals are provided to families based upon steps/goals;
   7) Modifying goals that are no longer meaningful to families, thereby increasing opportunities for success;
   8) Retiring goals that the family no longer wishes to pursue and assisting them in setting or identifying new goals;
   9) Creating contingency plans that "plan for" potential barriers as appropriate;

10) Addressing barriers the family may be experiencing in reaching their goals; and
11) Ensuring steps/goals for children are anchored in the family's general routines

B. The FSP/GTS shall focus on the needs and concerns of the family and/or assessments conducted with the family, which should be completed within 60 days.

C. The goal setting process is designed to support competency development and growth based upon the family strengths and needs. Home visitors shall collaborate with their client as partners to determine the family's strengths and needs. The identification of strengths and needs applies to both the family goals and the parent-child interaction/child development goals. The program shall develop the initial with the families within 60 days after the family is enrolled in the program.

D. The program shall ensure the completed FSP/GTS is signed by the parent(s) or legal guardian of the child, the home visitor, and the home visiting program supervisor.

E. The home visiting program supervisor and home visitor shall discuss and review the FSP/GTS upon completion and signature. The supervisor and home visitor refer to the 15-Point Screen to clarify how the issues that place families at risk for poor childhood outcomes are addressed by the FSP/GTS.

F. Based upon conversations and plans developed with the home visiting supervisor, the home visitor shall review the goals identified in the FSP/GTS with families over the course of a family's enrollment in home visiting services. Identification of strengths and needs are ongoing.

G. The home visitor shall collaborate with the family to set meaningful goals and develop specific strategies/objectives to achieve those goals, taking into consideration family strengths, needs and concerns.

H. The home visitor shall routinely share information with families on appropriate activities designed to promote positive parent-child interaction and child development skills.

I. The home visitor shall routinely refer to a pattern of implementation, on the part of the program, which, once evidence is reviewed, indicates that a particular activity is occurring (or not occurring).

J. The home visitor shall routinely share information with families designed to promote positive health and safety practices.

K. The home visitor and home visiting supervisor shall review FSP/GTS progress regularly. At a minimum the FSP/GTS shall be reviewed at least every six (6) months.

L. The program shall review the FSP/GTS annually from the date of the initial FSP/GTS.

M. The program shall ensure the FSP/GTS is reviewed at time of discharge with the corresponding post assessment documented.

ATTACHMENTS
Family Service Plan

PAT Goal Tracking Sheet
PAT Goal Tracking Sheet guidance

Attachment: Family Service Plan

Name _____ Date _____
Home Visitor (HV) _____
Supervisor _____

What I want to work on:

_____

Why is this important to me?

_____

What can help me accomplish this?

_____

How will I know when I've succeeded?

_____

My first step: _____

When will I complete this step? _____

What might get in my way? _____

How can my HV help me? _____

My second step: _____

When will I complete this step? _____

What might get in my way? _____

How can my HV help me? _____

My third step: _____

When will I complete this step? _____

What might get in my way? _____

How can my HV help me? _____

Attachment: PAT Goal Tracking Sheet

Goal Tracking Sheet

Parents as Teachers

Family name: _____ Enrollment date: _____

			Review of progress				
	Goal and date set	Target achievement date	Actual review date, progress rating,* and comments	Actual review date, progress rating,* and comments	Actual review date, progress rating,* and comments	Actual review date, progress rating,* and comments	Date goal was achieved and comments
Goal #1							
Goal #2							
Goal #3							

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* Progress rating key: C (completed), P (partially completed), NS (not started), A (abandoned)

Attachment: PAT Goal Tracking Sheet Guidance

PERSONAL VISITS

Parents as Teachers

Guidance for Using the Goal Tracking Sheet

Parent educators and families work together to develop action plans and accomplish goals. Progress on and achievement of goals can be recorded on and monitored through the *Goal Tracking Sheet*.

Goal setting with families receiving Parents as Teachers services focuses on:

- **Nurturing positive parenting behavior.**
- **Promoting healthy child development and school readiness.**
- **Supporting parent and family well-being, including physical and emotional health, family diversity, and parent stress.**

The goals that parent educators and families set together are informed by, but not limited to, the findings of family-centered assessment along with child screening and assessment. Each goal should address at least one of the three areas of emphasis: parent-child interaction, development-centered parenting, and family well-being. Depending on a family's capacity, more than one goal can be addressed at a time. Together, parent educators and families use goals to plan services.

When goals are set

To use the *Goal Tracking Sheet*, when a goal is set, write in the goal statement, along with the date the goal was established and the target achievement date. Additional information related to the goal can be recorded on the parent handout *Goal Setting: Begin With the End in Mind*, and a copy of the handout can be retained in the family file with the *Goal Tracking Sheet*.

On a regular basis, parent educators and families should discuss progress and adjust goals and action plans as necessary.

Each time the goal is reviewed, record the review date and a progress rating:

- C – Completed
- P – Partially completed
- NS – Not started
- A – Abandoned

Comments can also be included to explain the rating.

When the goal is achieved, record the date of achievement and provide additional comments as appropriate.

As goals are achieved, new goals are developed, maintaining at least one goal at all times.

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III: Service Delivery C: Program Content	
REFERENCE	**EFFECTIVE DATE** 01-01-09 revised 05-18-11 revised 12-19-13

III-C: Service Delivery – Program Content

POLICY

A. HHVN providers shall have policy and procedures regarding the promotion of positive parent-child interaction, child development skills, and health and safety practices with families that clearly indicate the curricula and/or materials used to share this information and specify how often this information is to be shared with families.
B. Providers shall provide appropriate tools and activities to promote positive parent-child interaction, positive parenting skills, and knowledge of child development, health, and safety issues.

PROCEDURES

A. HHVN programs may supplement evidence-based or evidence-informed curriculum with additional appropriate materials. The programs shall base materials on the assessment of the family's needs.

B. The home visiting supervisor and home visitor shall routinely review each family's file during supervision in order to determine the appropriateness of curriculum content and frequency of visits. Parents may participate in the decision making process.

C. If the curriculum was not addressed at the home visit, the provider shall document with a brief explanation of why it was not addressed in the child's case file.

D. Programs are encouraged to utilize the Keiki Injury Prevention Coalition Developmental Checklist for Young Children as a teaching tool to address safe home and play environments.

ATTACHMENTS

H-KISS – Developmental Checklist for Young Children
EIS Brochure Order Form (To order the H-KISS Developmental Checklist)

Attachment: H-KISS – Developmental Checklist for Young Children

Developmental Checklist for Young Children

This Checklist is designed for you to record your child's growth and development

Use the left column to fill in the age when your child begins each activity. Remember, that each child develops at his or her own pace. The age listed on the checklist is the time when most children usually start the activity. If your child is not doing one activity at the age listed, there is probably no need to be concerned. However, if your child is late in doing several activities, you should discuss this with your child's doctor.

For children born premature, subtract the number of weeks your child was premature from the child's age since birth. (Example: If a 2 month-old infant was born one month early, his or her development would be compared to a 1 month-old infant.)

Usual Activities During.....

Your Child's Age

1-2-3 Months

_____ Able to raise head from surface when lying on back
_____ Pays attention to someone's face in his or her sight
_____ Moves arms and legs in energetic manner
_____ Likes to be held and rocked
_____ Smiles and coos
_____ Rolls part way to side when lying on back
_____ Grunts and sighs
_____ Eyes follow a moving object
_____ Lying on tummy, holds head up
_____ Grasps objects when placed in his or her hand
_____ Babbles

4-5-6 Months

_____ Holds a rattle for an extended period of time
_____ Laughs out loud
_____ Sits supported for short periods of time
_____ Recognizes a favorite toy or familiar faces
_____ Reaches for and holds objects
_____ Stands firmly when held
_____ Stretches out arms to be picked up
_____ Likes to play peek-a-boo
_____ Turns over from back to stomach
_____ Turns toward sounds
_____ Sits with a little support (one hand bracing him-her)
_____ Persistently reaches for objects out of his or her reach
_____ Listens to own voice
_____ Crows and squeals
_____ Reaches for and grasps objects and brings to mouth
_____ Holds, sucks, and bites a teether toy

If you have any questions about the development of your child, you can call your child's doctor or call H-KISS at the number below:

H-KISS
Hawaii Keiki Information Service System
Oahu Telephone: **594-0066**
Neighbor Islands: **1-800-235-5477**
Voice & TDD Available

Your Child's Age

7-8-9 Months

_____ Can transfer object from one hand to the other
_____ Can sit for a few minutes without support
_____ Pats and smiles at image in mirror
_____ Creeps (pulling body with arms and leg kicks)
_____ Is shy at first with strangers
_____ Can sit steadily for about five minutes
_____ Crawls (on hands and knees)
_____ Grasps things with thumb and first two fingers
_____ Likes to be near parent
_____ Says Ma-ma or Da-da
_____ Responds to name
_____ Can stand for a short time holding onto support
_____ Able to hit two objects together on his or her own
_____ Copies sound

10-11-12 Months

_____ Able to pull self up at side of crib or playpen
_____ Can drink from a cup when it is held
_____ Can walk holding onto furniture or sides of crib or playpen
_____ Can find an object placed under another object
_____ Waves bye-bye
_____ Can walk with one hand held
_____ Says 2 words besides Ma-ma/Da-da
_____ Enjoys some solid foods
_____ Finger feeds self
_____ Likes to have an audience

15 Months

_____ Walks by self; stops creeping
_____ Shows what wants by pointing and with gestures
_____ Scribbles on paper after shown
_____ Begins using a spoon
_____ Cooperates with dressing

18 Months

_____ Can build a tower with three blocks
_____ Likes to climb and take things apart
_____ Can say 6 words
_____ Tries to put on shoes
_____ Drinks from cup held in both hands
_____ Likes to help a parent

2 Years

_____ Able to run
_____ Walks up/down stairs using alternate feet
_____ Says at least 50 words
_____ Sometimes uses 2-word sentences
_____ Points to objects in a book

3 Years

_____ Can repeat 2 numbers in a row
_____ Knows whether he or she is a boy or girl
_____ Dresses self except for buttoning
_____ Can draw a of copy a circle
_____ Can follow 2 commands of on, under, or behind (i.e. stand on the rug)
_____ Knows most parts of the body
_____ Jumps lifting both feet off the ground
_____ Can build a tower with 9 blocks

Rev. 03/10

Attachment: EIS Brochure Order Form (To order the H-KISS Developmental Checklist)

Office Use Only:
Received: _____
Completed: _____

EIS Brochure Order Form

To: **Early Intervention Section**
1350 South King Street, Suite 200
Honolulu, HI 96814

Fax: **(808) 594-0015**

Attention: Shelley Uyehara
Phone: (808) 594-0000
Email: shelley.uyehara@doh.hawaii.gov

Requested by: _____
_____
_____
_____
_____

BROCHURES REQUESTED

Title of Publication	Quantity Requested				
	English	*List Other Language:	*List Other Language:	*List Other Language:	*List Other Language:
Family Rights Brochure					
Early Intervention Section Brochure					
H-KISS Brochure					
Good Hearing Brochure					
Developmental Checklist					

***Brochures available in the following other languages:**
Chuukese, Ilocano, Japanese, Korean, Mandarin, Marshallese, Spanish, Tagalog, Vietnamese.

If more than four other languages requested, please complete and fax an additional form.