

XIII. Directions for the Home Visit Completion and Caseload Management Form (HVC Form)

Form description: The Home Visit Completion and Caseload Management Form is designed to be used in its electronic form to: (1) Document home visits completed for each family and worker, and (2) to document and monitor caseloads. The form is an EXCEL worksheet that is available from NPC Research (healthystart@npcresearch.com). Although it can be completed as a paper-and-pencil form, the summary information will not auto-calculate.

When to complete the forms: Family Support Workers should complete Forms on a quarterly basis. Information about home visiting should be entered for all families on the FSW's caseload during the quarter, even if that family only received Creative Outreach, or only received service for part of the quarter. Home Visit completion rates will also be calculated on an annual basis for the Annual Healthy Start Status Report.

What to do with the forms: Excel spreadsheets should be **emailed** to Ashley Snoddy (snoddy@npcresearch.com) **quarterly**. Information for the quarter must be received by the last day of the month **following** the end of the quarter in order to be included in that quarter's report. For example, for the January-March quarter, HVC forms should be emailed to NPC no later than the 30th of April.

Below we provide detailed description and instructions for completing the HVC form.

Detailed Form Description and Instructions.

1. **FSW Name:** Type in your (home visitor's) name.
2. **FSW ID number:** Type in your FSW ID number.
3. **FSW FTE:** Enter the % of full time equivalent that you work as a Healthy Start home visitor. For example, if you work full time as a Healthy Start home visitor full time, you would write in 100% or 1.0. If you worked half time, you would write in 50% or .50.
4. **County Name:** Type in your county name.
5. **Start Date:** First day of the month you are recording.
6. **End Date:** Last day of the month you are recording.
7. **Family Initials (optional).** Enter the family initials, if that is helpful to you. This is not required.
8. **Family ID (required).** Enter the family's Healthy Start ID number (Healthy Start ID number of the primary, or first born child). REQUIRED.
9. **Family on Creative outreach ONLY? (Y/N).** IMPORTANT! This cell must be completed. A warning will be generated if something other than a "Y" or "N" is entered, or if this cell is left blank. Enter a "Y" if the family was on Creative Outreach (Level X) for the entire period being recorded, even if the family received home visits. If the family was on Level X for the entire period, only one level of service should be recorded for the family.

Use the next set of columns (yellow, if you are filling this out electronically) to document the home visits for the first level of service received by each family this month. For many families, this will be

the only level of service. However, if a family started out the month as Level 1 (for example) and then was changed mid-month to Level 2 (for example), you would record information here for the **first level** of service that the family received (Level 1 in this example) in the **yellow** columns, and for the **second level** of service (Level 2 in this example) in the **orange** columns. If there were a **third level** of service provided (say, the family moved from Level 2 to Level X), this information would be entered in the **blue** columns.

10. **First Level of Service (yellow columns).** Enter the first level of service that the family was on during this reporting period. Use the following level designations:

Levels of Service

1xx = 1 SS (more than weekly)	X = Creative Outreach
1 = Level 1 (weekly)	1p = weekly prenatal
2 = Level 2 (2x/month)	2p = 2 times per month prenatal
3 = Level 3 (monthly)	3p = monthly prenatal
4 = Level 4 (quarterly)	4p = quarterly prenatal

11. **Weeks on this level.** Indicate the number of weeks the family was on this first level of service. Estimate to the nearest full week if services ended or levels changed mid-week.
12. **Total visits expected at this level.** Enter the number of visits expected for these weeks based on the family’s service level. For example, if the family was on Level 1 for 2 weeks, the number of expected visits would be **two**. If the family was on Level 4 for a month, it is possible that the family would have zero expected visits for the month.
13. **Visits completed at this level.** Enter the number of visits completed for this family for their first level of service. Include all visits, whether or not they occurred in the family’s home.

If the family had only one Level of Service during the reporting period, stop here. The remaining cells will be calculated automatically based on what you’ve entered. Go on to the next family and enter their home visit information, until you’ve entered all the families who were on your caseload during the reporting period.

The next columns (orange and blue) should be used to record information for the Second and Third levels of service (if needed) that a family was on during the reporting period. Leave 2nd and 3rd level of service BLANK if the family did not change level of services during the reporting period. If CO only is “YES” there should only be one level of service (level X) recorded for that family.

14. **Second level of service (orange columns).** Enter the second level of service that the family was on during the reporting period, if applicable. If no second level, leave the remaining cells blank.
15. **Weeks on this level.** Indicate the number of weeks the family was on the second level of service. Estimate to the nearest full week if services ended or levels changed mid-week.

16. **Total visits expected at this level.** Enter the number of visits expected for the weeks at this second level of service, based on the family's service level. For example, if the family was on Level 1 for 2 weeks, the number of expected visits would be **two**.
17. **Visits completed at this level.** Enter the number of visits completed for this family for their second level of service. Include all visits, whether or not they occurred in the family's home.
18. **Third level of service (blue columns).** Enter the third level of service that the family was on during the reporting period, if applicable. If no third level, leave the remaining cells blank.
19. **Weeks on this level.** Indicate the number of weeks the family was on the third level of service. Estimate to the nearest full week if services ended or levels changed mid-week.
20. **Total visits expected at this level.** Enter the number of visits expected for the weeks at this third level of service, based on the family's service level. For example, if the family was on Level 1 for 2 weeks, the number of expected visits would be **two**.
21. **Visits completed at this level.** Enter the number of visits completed for this family for their third level of service. Include all visits, whether or not they occurred in the family's home.

Important! Note that the total number of weeks of service across all Levels of Service should not exceed the number of weeks in the reporting period. In other words, if the reporting period is 12 weeks long, the total weeks on all levels for a given family should not be greater than 12.

Once you have completed entering each family's home visit information, the remaining cells of the form will automatically calculate. You will notice that you cannot enter information into these cells - they are "locked" so that the underlying calculations cannot be changed. Each of these auto-calculated cells is described below.

Auto-Calculated Information

The cells at the bottom of the form calculate automatically, as follows:

1. **Totals:** At the bottom of the table are a number of totals:
 - a. **Total Row, Column C** = Total families not on creative outreach only (e.g., total number of NO's in this column) during the reporting period.
 - b. **Total Row, Columns F, G, J, K, N & O** are the total expected and completed visits across all families for the reporting period.

Percentage of Home Visits Completed: Underneath the "Totals" column, you will see a cell labeled "**Percentage of Families Meeting Home Visit Standard**" (cell F40). This is the total number of families meeting the HFA completion standard divided by the number of families NOT on CO only. So, if the total number of families meeting the HFA completion standard is 5 families, and the total number of families not on CO only is 10, the Percentage of families meeting the standard is 50%. To meet the HFA standard for home visiting for the month, this percentage should be 75% or HIGHER. However, remember that HFA standards are actually calculated across a one-year period by NPC, and there may be month to month variations in completion rates for a given home visitor.

HFA Standards: End of Month

This table represents the home visitor’s caseload at the end of the reporting period. That is, if two levels of service were reported for any families, the caseload information is calculated based on the family’s service levels during the second service period (the sheet automatically assumes that families who have only one level reported stay the same across the entire period). If any family has a third level of service, the caseload information is calculated based on family service levels during the third level of service. To calculate properly, the FSW’s correct FTE must be entered at the top of the sheet.

The table includes the following:

<i>Standard</i>	<i>Met?</i>	<i>Actual</i>	<i>Adjusted</i>
30 or fewer FTE-adjusted Caseload Points	A “YES” here means that at the end of the month the worker had 30 or fewer total Caseload points (if full time) or fewer than the equivalent caseload points based on their FTE (e.g., a 50% FTE worker had 15 or fewer caseload points). A “NO” means this standard was not met.	This cell calculates the actual caseload points based on the last level of service reported for the month.	This cell calculates the FTE-adjusted caseload points, that is, the caseload points the worker would have if she were full time. For full time workers, Actual will equal Adjusted.
25 or fewer FTE-adjusted total families?	A “YES” here means that means that the worker had 25 or fewer (full time workers, or fte-adjusted for part time) total families (including those on Creative Outreach only) across the entire reporting period. For example, if a half time worker had 13 families during the month, this would read “NO”. Exited families are included, as this form can’t accommodate exits in the calculations.	Total ACTUAL number of families served during this month.	Total number of families, adjusted to reflect full time status. That is, the number of families the worker would have had, if she were full time. For full time workers, Actual will equal Adjusted.
15 or fewer FTE-adjusted total families?	A “YES” here means that the worker had 15 or fewer Level 1 families at the end of	Actual number of level one families as of the last level of services reported.	The number of Level One families the worker would have had if she were full

<i>Standard</i>	<i>Met?</i>	<i>Actual</i>	<i>Adjusted</i>
	the month (last level of service reported). For part time workers, a “YES” means that the worker had 8 or fewer Level 1 families.		time. For full time workers, Actual will equal Adjusted.

End of Quarter Caseload

This table shows the number of families at each level of service, as of the end of the reporting period, as described previously. For each level of service, the table shows: (1) the number of families at that level of service as of the end of the period; and (2) the total caseload points for those families, at each level.

Questions about the Home Visit and Caseload Management Form? Email Ashley at: snoddy@npcresearch.com