Maternal, Infant and Early Childhood Home Visiting

&

Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa

Operations Manual

2025

IOWA Health and Human Services

Table of Contents

Hello and welcome to the Iowa Maternal, Infant and Early Childhood Home Visiting (MIECHV) program! The home visiting staff at the Iowa Department of Health and Human Services (HHS) has created the operations manual to provide easy access to important information related to the MIECHV program. We welcome your suggestions of items to add and methods to make the manual more useful to you. ***Please contact: Kristy Roosa at*** *kristy.roosa@hhs.iowa.gov with your suggestions.*

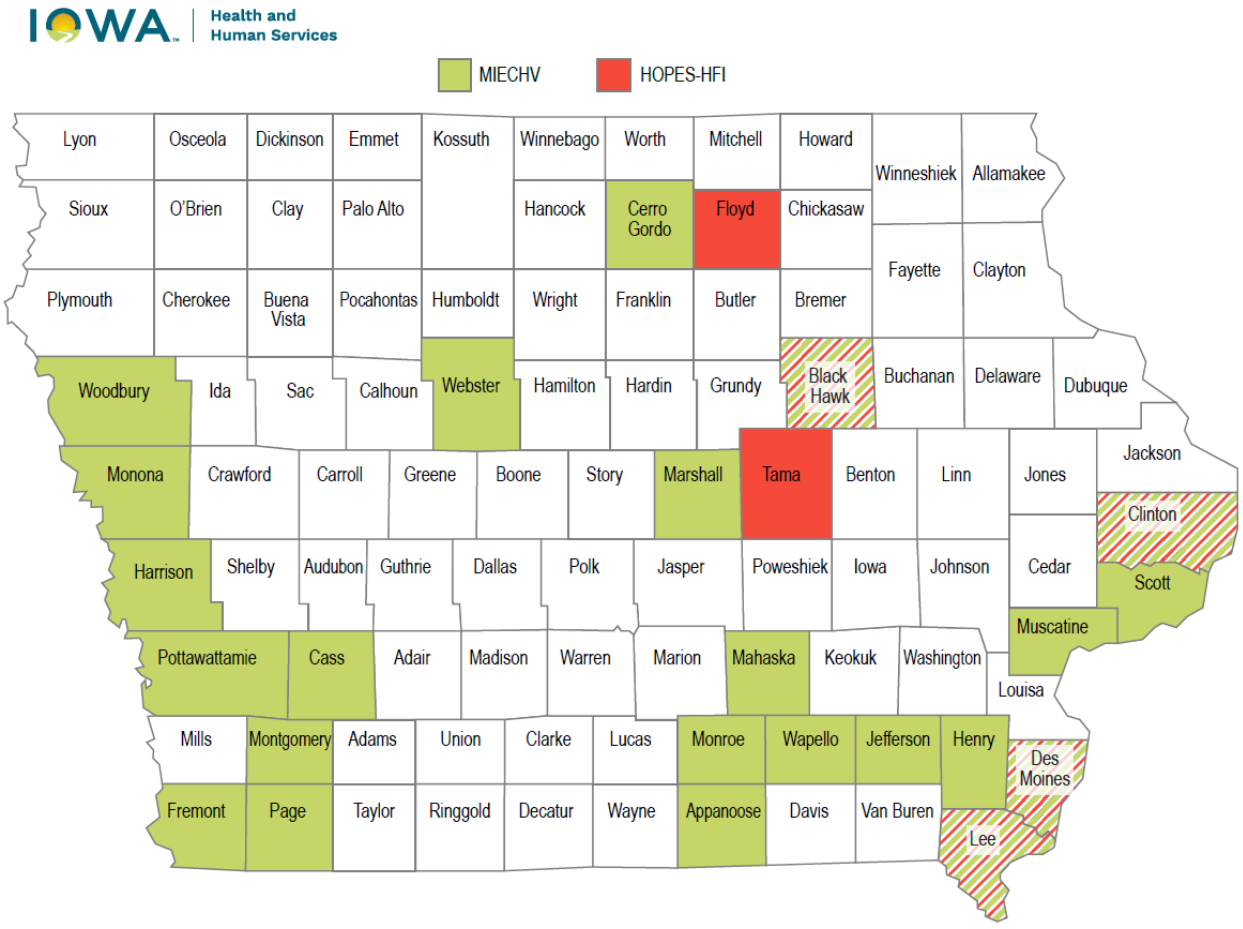
Overview

Health Resources Services Administration (HRSA)

The Health Resources Services Administration (HRSA) provides funding to Iowa for the Maternal, Infant and Early Childhood Home Visitation (MIECHV) program. Contractors are required to use evidence-based home visiting models and establish quantifiable, measurable benchmarks that demonstrate improvements in:

- Maternal and child health
- Childhood injury prevention
- School readiness and achievement
- Crime or domestic violence prevention and intervention
- Family economic self-sufficiency, and coordination with community resources and support

Locations of MIECHV & HOPES-HFI Sites



Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program System Building Activities

*DAISEY - Single Web-Based Data Collection and Reporting System

- Iowa Family Support Network (IFSN) – Statewide Coordinated Intake System for Family Support Services and Early Intervention.
- Institute for the Advancement of Family Support Professionals – Web-based professional development system and national credential for home visitors.
- I2D2 – Integrated Data System to determine specific activities that produce better results for families.
- Nine2Thrived Pilot – Coordinated intake co-located with prenatal health services.
- PAEYS – Performance incentives for home visitors and supervisors.
- Phones4Families – Provides smart devices and data plans to enrolled families.
- Workforce Evaluation – What keeps home visitors engaged in the field?
- Evaluation on Parent Engagement – What keeps families engaged in family support programming.
- T.E.A.C.H. – Provides comprehensive scholarships to family support professionals who wish to obtain college credits toward a degree relevant to their work in family support.
- Mental Health Consultation for MIECHV supervisors or family support professionals that is designed to build their capacity to improve social, emotional and behavioral health and development of the young children and families they serve.

MIECHV Home Visiting Service Areas & Contractors

MIECHV Service Area	Home Visiting Model/s[1]	Service Capacity	Funding	Contractor	Sub-Contractors	Program Administrator
Appanoose, Jefferson, Wapello, Mahaska, Henry, & Monroe Counties	HFA	90	$565,000	Southern Iowa Economic Development Association	N/A	Brian Dunn 641-682-8741 725 W 2nd St, Ottumwa, IA 52501
Black Hawk County	HFA	57	$363,700	Operation Threshold	Lutheran Services in Iowa	Barbara A. Grant 319-292-1877 1535 Lafayette St, Waterloo, IA 50703
Des Moines & Lee Counties	HFA, PAT	60	$382,000	Lee County Public Health	Des Moines Public Health	Michelle Ross 319-372-5225 3 John Bennett Dr, Fort Madison, IA 52627
Cerro Gordo, Clinton, Muscatine, & Scott Counties	HFA, NFP, PAT	170	$1,053,000	Lutheran Services in Iowa	Genesis Health Systems	John Twardos 515-633-3062 3116 University Ave, Des Moines, IA 50311
Marshall County	PAT	46	$290,600	Child Abuse Prevention Services, Inc.	N/A	Linda Havelka 641-752-1730 306 S. 17th Ave. Marshalltown, IA 50158
Fremont, Montgomery, Page, Pottawattamie, Harrison, Cass,	HFA, PAT	110	$687,000	Thriving Families Alliance DBA	Southwest Iowa Families, Lutheran	Patricia Russmann 712-256-9920 3501 Harry Langdon

& Monona County				Promise Partners	Services of Nebraska	Blvd Suite 160, Council Bluffs, IA 51503
Webster County	PAT	48	$302,800	Webster County Health Department	N/A	Jennifer Sumpter 515-573-4107 723 1st Ave. S, Suite 220 Fort Dodge, IA 50501
Woodbury County	HFA, PAT	131	$815,100	Woodbury County Consortium	Community Action Agency of Siouxland, Lutheran Services in Iowa	Kevin Grieme 712-279-6119 1014 Nebraska St, Sioux City, IA 51105
23 Counties	**3 Evidence Based Home Visiting Models**	**712 Families**	**$4,472,092**	**8 Local Implementing Agencies**	**7 Subcontractors**	

[1] HFA = Healthy Families America, NFP = Nurse Family Partnership, PAT = Parents as Teachers

HOPES HFI Home Visiting Service Areas & Contractors

HOPES-HFI Service Area	Home Visiting Model	Service Capacity	Funding	Contractor	Sub-Contractors	Program Administrator
Des Moines, Lee Counties	HFA	30	$165,000	Lee County Public Health	Des Moines Public Health	Michelle Ross 319-372-5225 3 John Bennett Dr, Fort Madison, IA 52627
Black Hawk, Clinton, Floyd, Tama Counties	HFA,	88	$440,000	Lutheran Services in Iowa	N/A	John Twardos 515-633-3062 3116 University Ave, Des Moines, IA 50311
6 Counties	**1 Evidence-based Model**	**118 Families**	**$605,000**	**2 Local Implementing Agencies**	**1 Subcontractor**	

Orientation Materials

MIECHV Background

MIECHV is the acronym for Maternal, Infant and Early Childhood Home Visiting Program. It was designed to strengthen and improve programs and activities carried out under Title V – Maternal and Child Health. To improve coordination of services for at-risk communities & to identify and provide comprehensive services to improve outcomes for families who reside in communities that rank highest on our needs assessment.

Key Terms/Acronyms

- MIECHV: Maternal Infant Early Childhood Home Visiting
- HOPES HFI: Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa

- HRSA: Health Resources Service Administration
- HHS: Iowa Department of Health and Human Services
- Title V: Maternal Child and Adolescent Health (MCAH) Program
- MIECHV Benchmark Plan: Iowa's Performance Plan submitted to HRSA
- DAISEY: Data Application and Integration Solutions for the Early Years. Web-based data system
- HFA: Healthy Families America
- NFP: Nurse Family Partnership
- PAT: Parents as Teachers

Model Fidelity

MIECHV is an evidenced-based grant. Model fidelity is essential. Fidelity standards vary from one model to another. The contractor is responsible for maintaining model fidelity. The model developer is responsible for monitoring model fidelity. The evidence-based models Iowa has adopted for MIECHV are home-based Healthy Families America, Nurse Family Partnership and Parents as Teachers. Our philosophy is that families are unique, and a one size fits all approach would be a disservice to the families we serve. Each model selected for implementation in a community was selected based on each communities' unique needs. In addition, each model selected has been written into the state of Iowa's MIECHV plan that is submitted to the federal government prior to implementation and is therefore not easily changed.

Model fidelity is essential, and that fidelity varies among programs. If you feel that HHS requirements impact fidelity to the model, the contractor should contact your program manager, the MIECHV project director or bureau chief listed in your contract. There may be times that HHS will require you to do something that is more stringent than what your model requires.

To implement these models for MIECHV, HHS first obtained approval from the model developer. In the case of HFA, it is the national HFA office and for NFP it is the national service organization. For Parents as Teachers, it is the PAT National office.

HHS does not include model fidelity reviews in our onsite review process. HHS does receive documentation of our home visiting contractor's adherence to the evidence-based model annually. The documentation is the most recent model specific site visit report and any follow up.

Contractors/subcontractors must use the eligibility criteria of the model. All the models fit within MIECHV guidelines which are prenatal through age 5 or kindergarten entry. Contractors shall only serve families that meet the eligibility criteria established by the Health Resources Services Administration and described in the appropriate RFP the applicant was originally funded from. MIECHV eligibility is defined as: low income, pregnant woman under 21 years of age, history of substance abuse or need of substance abuse treatment, history of child abuse or neglect, have had interactions with

Child Protective Services, history of tobacco use within the home, have children with developmental delays or disabilities, have individuals in the home that have or are serving in the armed forces, and/or have children, with low student achievement. When there is a conflict between the MIECHV eligibility requirements and the model, the most stringent requirements will prevail.

The applicant is responsible for the recruitment and retention of eligible families into the program.

Contractors are to provide evidence-based home visitation services for the Maternal, Infant, Early Childhood Home Visitation program to improve health and development outcomes for eligible young children in compliance with the RFP in which the applicant was initially awarded funding.

Contractors may only implement the evidence-based home model(s) designated in their original application and as approved by the Department of Health and Human Services (HHS) The applicant is responsible for maintaining model fidelity as established by the model developer. Maintaining model fidelity includes service dosage, delivery and training of staff. Any adaptations to the model must be pre-approved by HHS before implementation. Examples of adaptations include, but are not limited to, additional services, curriculum modifications or participation in a research activity not sponsored by HHS.

Contractors must fully participate in HHS's data collection system (DAISEY) and all federal and state evaluation efforts. The applicant must collect all data required by HHS to enable HHS to report on family progress to our federal funder. This includes providing all required assessments at the prescribed intervals as described in the MIECHV DAISEY Data Dictionary.

All contractors and subcontractors must receive written pre-approval from HHS prior to participation in any research or evaluation activities that involve MIECHV staff or families. The contractor will be responsible for seeking written approval from the model developer. The contractor will also need to assure that the research design does not place an undue burden on the home visiting staff, families served or jeopardize the security of MIECHV data or ability to maintain model fidelity.

MIECHV Benchmark/Performance Plan

States must demonstrate:

- Improvements in maternal and child health
- Childhood injury prevention
- School readiness and achievement
- Domestic violence prevention and intervention
- Family economic self-sufficiency

- Coordination with community resources and supports

Iowa's HRSA-approved performance plan can be located at: FY23 MIECHV Benchmarks at-a-glance | Iowa Family Support

MIECHV in Iowa

The Iowa Department of Public Health (IDPH), Bureau of Family Health was originally designated by the Governor to be the lead agency. Due to a merger of agencies, The Iowa Department of Health and Human Services (HHS), Bureau of Early Intervention and Support is now the lead agency. The Iowa Department of Health and Human Services receives a formula MIECHV grant from HRSA. Iowa is eligible to apply for competitive innovation MIECHV grants when they are available. Eligibility to receive federal MIECHV funds is dependent upon the receipt of the State appropriation to the HOPES HFI program as required maintenance of effort (MOE).

One of Iowa's main objectives with MIECHV funding is to increase availability of evidence-based home visiting programs in eligible communities.

- Model selection must demonstrate effectiveness of mitigating community risk factors
- Must also assess community's ability to implement model with fidelity
- Must also evaluate current home visiting capacity

Iowa also prioritizes enhancing state infrastructure to support quality family support programs.

MIECHV Workforce Report

The Workforce Report helps HHS know where our home visiting contractors are in the process of hiring and retaining staff. We ask contractors to complete the initial Workforce Report, located in the DAISEY data system, within the first ten business days of your contract. Complete the form in its entirety. Your contract states you will notify HHS within ten days of any change in personnel. You will update your Workforce Report as needed and send your primary program manager an email notifying them of the update within 10 days of the change.

Requested changes to the full-time equivalency of individual personnel or caseload size shall be negotiated with HHS and finalized in a contract amendment. This is specific to when new staff are hired or when staff leave positions. Requested changes to the full-time equivalency shall also be reflected in the budget.

MIECHV Contractual Obligations

At a minimum of every six years, HHS will conduct a competitive Request for Proposal (RFP) to seek the most qualified applicants to provide MIECHV services. MIECHV contracts are renewed annually – based on past performance and completion of a contract extension.

Contractors will use IowaGrants.gov for transmission of expenditure reports and claims. It is the Contractor's sole responsibility to ensure appropriate individual(s) have registered within IowaGrants. The Contractor acknowledges that all assigned individuals to the Grant Tracking site have full rights (add, modify, and delete) for all Grant Tracking components including contractual forms, reporting forms, and claims submission.

Detailed instructions for various IowaGrants actions can be found at https://HHS.iowa.gov/finance/funding-opportunities/iowagrants.

Contractors are responsible for reading, understanding and following the terms of your contract. In the event you are not in compliance with any of the terms of your contract, HHS will evaluate if the severity of the non-compliance warrants a contract termination, probationary status or a contract compliance plan. The contract compliance plan will be developed collaboratively with your organization and your assigned program manager. The plan will set out specific steps and a timetable for your organization to gain contract adherence.

Subcontractor Approval

This information does not replace the need for the contractor to seek legal counsel. If a contractor plans to issue a subcontract to carry out a portion of the work outlined in the MIECHV contract, all subcontracts must be approved by HHS prior to implementation. All subcontracts must meet the requirements in the General Conditions (https://HHS.iowa.gov/finance/funding-opportunities/general-conditions) as well as be approved by the primary program manager.

Required elements of a subcontract include:

- A list of the work and services to be performed by the subcontractor.
- Policies and requirements – must state that the work and services will be provided in accordance with HHS's special and general conditions.
- May include other policies and requirements as long as they are not inconsistent with HHS's special and general conditions.
- Provision for HHS, the contractor and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers, and records of the subcontractor pertinent to the subcontractor.
- The amount of the subcontract.

- A line-item budget of the specific costs to be reimbursed under the subcontract or other cost basis for determining the amount of the subcontract as appropriate.
- A statement that all provisions of the HHS contract are included in the subcontract including audit requirements.
- Period of performance which shall not exceed the HHS contract period.
- Any additional subcontract conditions.

Recommended elements of a subcontract include:

- Parties should be clearly identified and the manner in which they are referred to throughout the subcontract should be clear and consistent.
- Terms and conditions should be numbered.
- If the contractor desires a specific level of communication with the subcontractor regarding performance, such requirements should be delineated in the subcontract.
- Expectations of professional qualifications of subcontractors' employees.
- Manner and process for payment should be clear.
- Termination clause if adequate funds are not available.

Approval of Subcontracts

Contractor submits the subcontract(s) electronically to their MIECHV primary program manager via IowaGrants.gov. The Program Manager will review the subcontract for required elements. The Program Manager will approve or deny the subcontract in writing within ten working days. Denials will contain the reason(s). Subcontracts cannot commence until written approval has been received from HHS.

Communication Protocols

All contractors are assigned to a primary Program Manager who serves as their first point of contact with HHS. The Program Director will communicate directly with the contractor's Authorizing Contract Official if there are any concerns about adherence to the contract. Any changes in state policy or protocols will be shared with all MIECHV contractor leadership during the all-contractor meeting or through an administrative update.

Questions or concerns regarding day-to-day operations should be communicated between the contractor Program Manager and the HHS assigned program manager. A minimum of monthly calls or in-person visits will occur between each home visiting contractor and their primary program manager.

MIECHV All Contractor Meeting

Contractor meetings are held quarterly on the 4th Monday of the month from 1 pm to 2:30 pm. Contractor meetings are offered via teleconference or in person. It is required that someone from the contracting agency and subcontracting agency(ies) participates in all contractor meetings. We encourage all MIECHV staff, including contractors and subcontractors to attend as appropriate to ensure dissemination of communication.

These meetings are used as a venue to share and discuss information as well as a potential venue for training. The quarterly meetings are used as an opportunity to keep HHS informed of progress as well as to connect with other MIECHV contractors.

MIECHV Required Training

- DAISEY trainings (See DAISEY section)
- Annual benchmark training at an All-Contractor Meeting
- The Advancement of Family Support Professionals
- Home visitation model specific required training
- National Family Support Certification
- Training associated with the successful implementation of assessment and screening tools
- You will be notified of any additional training requirements.

Assessments or Screening Tools

The schedule requirements for the below assessments can be found in the MIECHV/HOPES HFI Iowa Data Dictionary: [Iowa MIECHV and HOPES HFI Data Dictionary | Iowa Family Support]

Please contact HHS if you need assistance locating a certified trainer.

- Life Skills Progression, Second Edition (Certified Trainer)
- ASQ3 and ASQ:SE2 (Certified Trainer)
- Relationship Assessment Tool (Certified Trainer)
- Edinburgh Postnatal Depression Screening (Approved Trainer)
- Alcohol and Other Drug Screen (No Specific Training Required)
- PICCOLO – Required for PAT programs, but available for all programs upon request (Approved Trainer)
- CHEERS Check In – Required for HFA programs. (Provided through model developer)
- DANCE – Required for NFP programs (Provided through model developer)
- Enrollment and Annual Service Reports via Parent Interview (This information will be obtained through natural course of service delivery.)

Technology Requirements

- State identified data collection system for MIECHV/HOPES HFI - DAISEY
- All MIECHV home visitors should utilize a mobile device with a cellular data plan that may be used as a personal hotspot, to enable them to enter data when appropriate, electronically during the home visit.
- The use of tablets for the mobile device is strongly encouraged because of their screen size, touch screen technology and flexibility.
- Workers must use utilize DAISEY for MIECHV/ HOPES HFI data collection.
- As staff are hired or leave – complete a New User Template and send it to the DAISEY Helpdesk. That form may be located here: User-Management-Template_Iowa_11-03-2016.xlsx
- MIECHV and HOPES HFI staff are required to use DAISEY as it was intended.
- See page 59 for further information regarding mobile device specifications and data plans.

DAISEY is the state-identified data collection system for MIECHV and HOPES HFI. It is also the state-identified data collection system for all ECI, CBCAP, ICAPP, and Shared Visions programming within the state of Iowa. In the MIECHV program, when appropriate, it is encouraged for staff to enter information directly into the DAISEY data system during a home visit, using a mobile device and data plan. All assessments are in the DAISEY system, except for the ASQ3 & ASQ:SE2. Only the scores for the ASQ screeners are reported within DAISEY. HHS envisions that when appropriate, home visitors will complete assessments and screening tools with families in the home. Having a mobile device will provide the opportunity for home visitors to enter data in real time when feasible.

For example, the ASQ tools are designed for parents to complete with their own children. Coaching parents to complete the ASQ assessments themselves instead of the home visitors completing it for them empowers families and gives the message that they are the experts on their children.

The Role of the Supervisor

MIECHV home visiting contractors are contractually required to provide weekly supervision. This requirement may be more frequent than what is required by the model developer for individual models.

Supervision will be scheduled and provided for 1:1 time for the home visitor. It will include:

- Observation of each direct support professional at a minimum of 2x per year.

- Reviewing documentation.
- Coordination of services.
- Identification of professional development strengths and needs.
- Outreach strategies.
- Capacity building and maintenance.
- Supervision must be provided through Reflective Supervision.

Best Practice Guidance for Home Visit Observations and Reviewing Documentation

The Iowa Family Support Standards provide a foundation for best practices in supervision. At a minimum, every home visitor should be observed on a home visit at least twice per year. A home visit observation is only complete when written feedback is provided to the home visitor by the supervisor. In addition, a debriefing meeting must occur to discuss the observations of the supervisor. A newly hired home visitor must receive more frequent observations and support.

All family files (paper and electronic) should be reviewed at a minimum of two times per year. A best practice is to complete weekly file reviews as a part of regular supervision meetings. Reports within the DAISEY data system are also a good source of information for both the supervisor and the home visitor. Analysis of the data can pinpoint the specific supports including professional development needed for the home visitor for quality improvement.

MIECHV Evaluation

Contractors are required to participate fully in all MIECHV sponsored research and evaluation activities per the contract.

MIHOPE is a National Evaluation. Several sites in Iowa were selected to be part of this evaluation. The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is a legislatively mandated, large-scale evaluation of the effectiveness of home visiting programs funded by MIECHV. It will systematically estimate the effects

of MIECHV programs on a wide range of outcomes and study the variation in how programs are implemented.

MIHOPE includes three evidence-based home visiting program models: (1) Healthy Families America, (2) Nurse-Family Partnership, and (3) Parents as Teachers. Two of these models are also included in the related MIHOPE-Strong Start study, which examines birth outcomes for women who are enrolled in Medicaid.

For more information:

http://www.mdrc.org/project/mother-and-infant-home-visiting-program-evaluation-mihope#overview

Opportunities may arise to participate in non-MIECHV sponsored research. HHS supports opportunities to contribute to the research base of home visiting. All participation in research must be pre-approved in writing by HHS. HHS will review the research plan for:

- Soundness of evaluation design - Is it likely to produce results?
- Burden on home visiting staff - Will it negatively impact the amount of time home visitors have to provide home visiting services to enrolled families?
- Human Subject Protections are in place - Has an Institutional Review Board approved the research design and ensured that all protections to Human Subjects are in place?
- Does the research design modify the fidelity of the evidence-based home visiting model? HHS will confer with the national model developer and HRSA.
- Does the research design require access to family data? How will the research team acquire the family data? How will they secure the family data while working on this project. What happens to the records of this project when the project is complete?
- How will the results of the project be disseminated? How will the research team give proper credit to HRSA on all publications?
- This list does not represent the entire review and approval process for non-MIECHV sponsored research.

The MIECHV contractor is responsible for notifying the assigned program manager and requesting pre-approval to participate in the research project. Dependent upon the complexity of the research project, the approval process may take several weeks. HHS will notify the contractor in writing if approval is granted or not granted for participation.

Family Service Capacity

Your contract states how many families you will serve at any given time (family service capacity). You are expected to strive to serve your capacity at any given time. This typically means being proactive and recruiting a replacement family for openings before they occur. Consistently not meeting capacity expectations will result in a compliance plan, a reduction in capacity and funding or contract termination. See your contract for information on any performance incentives awarded to contractors who maintain a minimum capacity. For additional information regarding family service capacity, please refer to Policy #10: Capacity Expectations in the policy section of this manual.

New home visiting contractors (or subcontractors) will be given one year to recruit and hire staff and reach full family capacity. During this grace period, they will not be included in the contract performance measure incentives and disincentives. The year starts with the effective date of the contract. For example, a new home visiting

contractor has a contract with an effective start date of 10-1-25. For this new contractor, their grace period begins 10-1-25 and will end 9-30-26. Beginning 10-1-26 all performance measures and corresponding incentives and disincentives will go into effect.

Home Visit Dosage

Each evidence-based home visitation model provides guidance on the number of home visits that are anticipated to be provided. This is called a home visit dosage. MIECHV serves families who are of elevated risk so it is anticipated that most families will receive weekly home visits. Models differ in the form of guidance they provide regarding the length of a home visit. In general, HHS anticipates that a home visit will last 60 minutes or longer. For additional information regarding home visit dosage, please refer to Policy #9: Home Visit Dosage in the policy section of this manual.

Information Technology Support

The MIECHV program has a significant emphasis on the use of information technology. Further information regarding IT support protocol can be found by reviewing Policy #19: Information Technology (IT) Support listed below.

Resources

- HHS Family Support website: http://HHS.iowa.gov/family-health/family-support
- The Institute for the Advancement of Family Support Professionals: institutefsp.org
- PEW Charitable Trust Home Visiting Campaign: http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=52756
- Zero to Three Home Visiting Resources: http://www.zerotothree.org/public-policy/infant-toddler-policy-issues/home-visit.html
- HRSA website: www.hrsa.gov/grants/manage/homevisiting
- Home Visiting Evidence of Effectiveness (HomVEE): http://homvee.acf.hhs.gov/
- MIECHV TARC: https://www.edc.org/miechv-technical-assistance-resource-center
- National Home Visiting Resource Center: https://nhvrc.org/

MIECHV & HOPES HFI Program Staff

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MIECHV Background and History

- The Iowa Department of Public Health (IDPH) was named as the lead agency for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program by then Governor Chester Culver.
- MIECHV was signed into law on March 23, 2010, by United States of America President Barack Obama.
- HHS created a federal home visit advisory team to help guide and support the creation of MIECHV in Iowa. The first order of business was to complete a needs assessment to identify the most at-risk communities in Iowa in order to prioritize the implementation of evidence-based home visiting.
- In late 2010 a Project Director and Assistant were hired for the MIECHV program.
- During early 2011 community focus groups were conducted in the three communities identified as most at-risk in the Needs Assessment: Appanoose, Black Hawk and Wapello.
- In the spring of 2011, the first request for proposals was posted to find the best applicant to deliver home visiting services in the targeted communities identified in the needs assessment. Contracts were awarded, staff were hired and families enrolled in the fall of 2011.
- In early 2012, home visiting services were expanded to include Lee County as a targeted community.
- In April of 2012, Iowa was notified that a competitive expansion proposal was funded. HHS again conducted community focus groups in expansion communities and added fifteen new counties to the targeted communities.
- In early 2016, HHS was notified that available MIECHV funds were decreased. Home visiting services were discontinued in Buena Vista, Hamilton, Jefferson, Marshall and Webster County. Services were decreased in the remaining thirteen counties to align with the available funding.
- In 2019, HHS in coordination with the University of Kansas, began work on their 2020 Needs Assessment to identify the top 25 Iowa counties that are the most at-risk. 26 counties were identified by this report as there was a tie for the 25th slot.
- In 2020, MIECHV began providing virtual home visitation services as a direct response to the COVID-19 pandemic.
- In April of 2020, MIECHV implemented a Phones for Families Program designed to aid families with maintaining connectivity during the pandemic.
- In 2022 a competitive application was posted to add three MIECHV counties. Webster County Public Health and Marshall County's Child, Adolescent, and Parent Support programs were awarded contracts to provide MIECHV funded Parent as Teachers in said counties. There was no applicant for Clarke County, therefore that county went unserved with MIECHV funding.

- In 2017 Iowa, in partnership with Virginia, applied for and received a MIECHV Innovation grant to provide home visitors and family support professionals a resource for applicable information. Today, the Institute for the Advancement of Family Support Professionals or “The Institute”, offers family support professionals the opportunity to learn new skills and grow their careers. The Institute is comprised of online modules and a personalized career compass to assist professionals with taking charge of their growth and advancement.
- In 2022, the Iowa Department of Public Health and the Iowa Department of Human Services merged to form the new and current, Iowa Department of Health and Human Services.
- In 2024 the Institute for the Advancement of Family Support Professionals became its own 501c3 and began operating as its own entity.
- In 2025, the Knock app was launched. Knock is an online community for home visiting professionals across the country. It was built for those new or current in the field of family support to share resources and gather information.

HOPES HFI Background and History

- Healthy Families America (HFA) is a voluntary, evidence-based, in-home visiting model which works with pregnant and parenting families of children prenatally up to age 5.
- The model is grounded in an infant mental health framework and aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family well-being by reducing risk and building protective factors.
- HOPES-HFI follows the HFA service model, adhering to the standards developed and researched by HFA. All families receive an initial assessment of risks, resilience, and opportunities for growth, which is used to tailor services to meet their specific needs. All families are offered weekly home visits at the start of services. Family progress criteria are then used to determine a family’s readiness to move to less frequent visits—from weekly to every other week, then monthly, and finally, quarterly.
- The HFA model was first introduced into Iowa in 1992 through the Iowa Legislature to the Iowa Department of Public Health. The program was named Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES - HFI).
- In 2019, Iowa’s legislative session enacted a change in the appropriations of HOPES - HFI funding. With this change, the Iowa Department of Public Health was required to open applicant eligibility and transition to a fully competitive application process.

- In 2022, the Iowa Department of Public Health and the Iowa Department of Human Services merged to form the new and current, Iowa Department of Health and Human Services.

Health Resources and Service Administration

The Health Resources and Services (HRSA) Administration is the federal funder for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIECHV supports pregnant women and families and helps eligible parents of children from birth to kindergarten entry tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.

The Health Resources and Services Administration (HRSA), in close partnership with the Administration for Children and Families (ACF), funds States, territories and tribal entities to develop and implement voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective. These programs improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV, hereafter referred to as the “Federal Home Visiting Program”), authorized by the Social Security Act, Title V, Section 511 (42 U.S.C. 711), as added by Section 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148), is a significant expansion of federal funding for voluntary, evidence-based home visiting programs for expectant families and families with young children up to entry into kindergarten. It was reauthorized in April 2015 by the Medicare Access and Children’s Health Insurance Program

The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 reauthorized MIECHV through FY2027, increases funding for, and modified the Maternal, Infant, and Early Childhood Home Visiting Program. This program supports home visits for expectant and new parents who live in communities that are at increased risk for poor maternal and child health outcomes.

Changes to the program include:

- setting out requirements for allocating program funds
- increasing the percentage of funds reserved for tribal entities
- establishing a publicly available dashboard that reports program outcomes
- requiring activities to reduce unnecessary data collection, reporting, and other administrative requirements of the program; and
- allowing for virtual home visits (provided certain conditions are met).

Starting in fiscal year 2024, HRSA provided eligible states and jurisdictions one MIECHV program grant that includes base funds, matching funds, if applied for, and

additional matching funds. All MIECHV program requirements are required to receive the award.

Reauthorization Act of 2015 (42 U.S.C. 1305).

For more information, please check out the HRSA home visiting website: http://mchb.hrsa.gov/programs/homevisiting

Association of State and Tribal Home Visiting Initiatives (ASTHVI)

The Association of State and Tribal Home Visiting Initiatives is member-driven and dedicated to supporting members in the effective implementation and improvement of home visiting programs at the state, territory and Tribal level. The evidence-based approaches of these programs, focused on pregnant women and families with children birth-through-five, help support families in their most important job of raising children to lead healthy and productive lives. ASTHVI and its members pursue opportunities to inform and educate federal officials, policymakers, stakeholders, and the media about their work in states and communities. ASTHVI seeks to be a resource to work with evidence-based model developers on a state and national level that focus on the importance of high-quality services for families with young children. Through peer-to-peer support, cooperation and open communication, it looks to leverage best practices that maximize the benefit of home visiting initiatives to children, families, and society. ASTHVI provides administrators of home visiting initiatives with a forum to share challenges, strategies and successes in implementing home visiting initiatives including, but not limited to, the Maternal, Infant, and Early Childhood Home Visiting program.

Iowa is a member of ASTHVI. For more information about ASTHVI: http://asthvi.org/

Home Visiting Evidence of Effectiveness (HomVEE) Study

The Department of Health and Human Services launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age 5). To carry out the HomVEE review, each year Mathematica Policy Research conducts a thorough search of the research literature on home visiting. Mathematica also issues a call for studies to identify additional research, reviews the literature, assesses the quality of research studies, and evaluates the strength of evidence for specific home visiting program models.

Iowa utilized the information in the HomVEE study to match the best possible home visiting model to the targeted Iowa community. The HomVEE study provides information on factors that various home visiting models have experienced success at mitigating.

This information was compared to the factors present in each targeted community along with costs and community experience with the specific model.

For more information about the HomVEE study: http://homvee.acf.hhs.gov/Default.aspx

Iowa Needs Assessment

Iowa was required to complete a comprehensive needs assessment in 2010 to determine which communities in Iowa would be our targeted communities for the MIECHV program. Data from 15 key factors was analyzed using two different methodologies to determine the top twenty-five communities. To best determine Iowa's State and Local needs and priorities for the Iowa Home Visiting program, the State evaluated the Maternal and Child Health Title V Needs Assessment, CAPTA Needs Assessments, Head Start and Early Head Start Community Wide Planning and Needs Assessments, to identify and align priorities relevant to the Home Visiting Program.

To read the entire 2010 Needs Assessment, click on this link:
http://HHS.iowa.gov/Portals/1/Files/FamilyHealth/home_visiting_assessment.pdf

During 2019-2020 the MIECHV Statewide Needs Assessment Update has been in process to determine which counties in Iowa have the greatest concentration of at-risk families with children. Data gathered considered 23 indicators using two different methodologies to determine the most at-risk counties. All the indicators from the 2010 Needs Assessment were also used in the 2020 Needs Assessment except for binge drinking. The MIECHV Needs Assessment was done in conjunction with the Title V needs assessment, gathering qualitative data through interviews and focus groups across the state. Data gathered for the Preschool Development Grant was also used in this assessment. An Executive Summary is available on the HHS website. The Executive Summary has been reviewed and approved by HRSA. The summary is available at:
https://HHS.iowa.gov/Portals/1/userfiles/80/Copy%20of%20IA%20MIECHV%202020%20NA_DIGITAL.pdf

In 2023 a review of the risk indicators was completed, and an addendum was added to the 2020 MIECHV Statewide Needs Assessment. This addendum helped to identify the 50 most at risk counties in Iowa. The addendum can be found on the MIECHV website. Home Visitation Programs | Health & Human Services

Iowa MIECHV Selected Evidence-based Home Visiting Models

Based on a combination of the HomVEE study results coupled with community experience, Iowa first selected the Healthy Families America (HFA) and Nurse Family Partnership (NFP) model for implementation or expansion with the MIECHV funding. In 2012, a new model was added, Parents as Teachers (PAT) to meet the unmet need of

families that were not identified early enough for a referral to an evidenced-based home visiting model.

Healthy Families America:

Healthy Families America is a voluntary home visiting program that was founded on the ideals of excellence, trust, and transformation and was launched in 1992 by Prevent Child Abuse America (formerly known as the National Committee to Prevent Child Abuse.) The program was designed to promote positive parenting, enhance child health and development and prevent child abuse and neglect.

http://www.healthyfamiliesamerica.org/

Nurse Family Partnership:

Nurse-Family Partnership®, a maternal and early childhood health program, fosters long-term success for first-time moms, their babies and society. Nurse-Family Partnership's maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life.

The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed – for the better.

http://www.nursefamilypartnership.org/

Parents as Teachers:

Parents as Teachers helps organizations and professionals work with parents during the critical early years of their children's lives, from conception to kindergarten—and the results are powerful.

Grounded in the latest research, Parents as Teachers develops curricula that support a parent’s role in promoting school readiness and healthy development of children. Our commitment to research and quality drives our organization. We are committed to evidenced-based research in order to offer the most relevant information and tools to early childhood development and education providers. The efforts of our work help our partners positively impact children during their most critical, early years of life.

http://www.parentsasteachers.org/

A comprehensive list of PAT program requirements can be found at: https://parentsasteachers.org/essential-requirements

Definitions and Acronyms Commonly Used in Iowa Early Childhood Programs

http://www.earlychildhoodiowa.org/files/resource_links/AcronymsNov2013.pdf

The following definitions are in Iowa Code and are based on federal definitions but may be more restrictive than the federal definition. HHS has chosen to only fund programs that meet the definition of an evidence-based program with MIECHV funding. The program must also be listed as an evidence-based model on the HomVEE website.

"Evidence-based program" means a program that is based on scientific evidence demonstrating that the program model is effective. An evidence-based program shall be reviewed onsite and compared to program model standards by the model developer or the developer's designee at least every five years to ensure that the program continues to maintain fidelity with the program model. The program model shall have demonstrated significant and sustained positive outcomes in an evaluation utilizing a well-designed and rigorous randomized controlled research design or a quasi-experimental research design, and the evaluation results shall have been published in a peer-reviewed journal.

"Promising program" means a program that meets all of the following requirements:

a. The program conforms to a clear, consistent family support model that has been in existence for at least three years.

b. The program is grounded in relevant empirically based knowledge.

c. The program is linked to program-determined outcomes.

d. The program is associated with a national or state organization that either has comprehensive program standards that ensure high-quality service delivery and continuous program quality improvement, or the program model has demonstrated through the program's benchmark outcomes that the program has achieved significant positive outcomes equivalent to those achieved by program models with published significant and sustained results in a peer-reviewed journal.

e. The program has been awarded the Iowa Family Support Credential and has been reviewed onsite at least every five years to ensure the program's adherence to the Iowa family support standards approved by the early childhood Iowa state board created in section 256I.3 or a comparable set of standards. The onsite review is completed by an independent review team that is not associated with the program or the organization administering the program.

"Family support programs" includes group-based parent education or home visiting programs that are designed to strengthen protective factors, including parenting skills, increasing parental knowledge of child development, and increasing family functioning and problem-solving skills. A family support program may be used as an early intervention strategy to improve birth outcomes, parental knowledge, family economic success, the home learning environment, family and child involvement with others, and coordination with other community resources. A family support program may have a specific focus on preventing child maltreatment or ensuring children are safe, healthy, and ready to succeed in school.

"Home visitation" is a strategy to deliver family support or parent education services. A home visit is a face-to-face visit with a family in their home, or other alternate location, to facilitate meeting the family's goals. Temporary use of an alternate location may happen when meeting in the family home presents safety concerns for the worker or the family or on rare occasions to facilitate meeting the program's outcomes such as medical appointments or school staffing. Home Visits are calculated based on the number of times you meet with the family. They are NOT multiplied by the number of children present.

A ***"home visitation component"*** is defined as a family support service that uses home visitation as the primary method for service delivery. Home visits are provided at regular intervals throughout the entire fiscal year and meets the definition of home visitation provided in this guidance.

Coordinated Intake (Local & Statewide)

Coordinated intake and referral is a system to assist families, child healthcare providers, and other professionals with information and support, as well as linkages to resources for young children ages prenatal to five. Families, child healthcare providers, and other professionals have access to a toll-free phone number to make referrals and obtain information about family support services, group-based services, and IDEA Part C early intervention, known as Early ACCESS, and other community support in Iowa. Information specialists are available via telephone at 1-888-IAKIDS1 (1-888-425-4371).

In addition, coordinated intake manages referrals across the continuum of family support programs and ensures the family is best matched to the program that meets their needs that has the ability to serve the family. Coordinated intake in Iowa exists at two levels, state and local. The state level coordinated intake system is funded by the Iowa Department of Education and the Iowa Department of Health and Human Services. The statewide system allows families 24/7 access via a web-based platform and extended hours to connect by phone with a trained professional. The system assesses if the child may need a referral to early intervention if there are potential developmental delays. The system also can provide financial assistance to families with a child with a disability to help the child remain at home through the Children at Home

program (after July 1, 2016.) In addition, the system can link the family-to-family support services that are available in every county in Iowa.

Iowa's statewide coordinated intake system can be found at: http://www.iafamilysupportnetwork.org/

Early Childhood Iowa Area boards require all family support programs in their community to participate in the implementation of a coordinated intake process as of July 1, 2015. (Tool FF). This may be done through the state level intake system or through a system developed locally. MIECHV and HOPES-Healthy Families Iowa programs are also required to develop local systems of coordinated intake that interface with the statewide system. The purpose of the coordinated intake process is to ensure:

- Families are matched with the most appropriate service available.
- Duplication is eliminated.
- Referrals are maximized; and
- Coordination occurs.

Data Collection: Data Analysis and Integration Solutions for the Early Years (DAISEY)

Introduction

DAISEY is the statewide data collection system for both MIECHV and most non-MIECHV family support programs in Iowa. For MIECHV, assessments should be entered into DAISEY using a mobile device via a data plan. The ASQ3, ASQ-SE2, AOD, EPDS, the Relationship Assessment Tool and LSP may all be completed in the home. DAISEY contains "intelligence reports" that allow family support professionals to access information about their data on a real-time basis.

iPad/Tablet/Mobile Device Specifications & Data Plan

- All MIECHV home visitors are required to have a mobile device with a cellular plan that may be used as a personal hotspot.
- The use of tablets for the mobile device is strongly encouraged because of their screen size, touch screen technology and flexibility.
- Any brand of tablet may be used but HHS cannot guarantee that the tablet will be compatible with the data system requirements.
- Please see Policy #23 for detailed information.

Minimum requirements for a data plan:

- Start off with a very low minute monthly plan and monitor your usage.
- Choose a carrier that provides the best coverage in your geographic area.

- If you cover a large geographical area, you may need more than one carrier.
- All devices should have hotspot capabilities.

DAISEY

All new MIECHV staff members should familiarize themselves with the DAISEY Iowa website. Close attention should be especially paid to the following resources:

- The DAISEY User Manual provides technical assistance for the DAISEY system.
- The Iowa MIECHV Data Dictionary includes guidance on demographic and assessment data in DAISEY. This should be read in its entirety by anyone who will use DAISEY. A schedule of required assessments with guidance on assessment administration is also included.
- The calendar provides a list of DAISEY trainings.
- DAISEY video tutorials may be used in addition to or in place of a webinar training.
- In order to gain or revoke **access to DAISEY**, a supervisor or administrator must complete the User Management Template.

If you require technical assistance for DAISEY, you may contact the DAISEY helpdesk: daisey.iowa@ku.edu. For programmatic DAISEY questions, please follow the DAISEY chain of command.

Iowa MIECHV RFP Procedures

The department provides funds to a variety of entities throughout the state to provide high quality programs and services that protect and improve the health and resiliency of individuals, families, and communities. All funds, unless prescribed by appropriation language, the Iowa Code or Iowa Administrative Code will be awarded through a competitive selection process. All service contractual agreements will contain terms and conditions including but not limited to the scope of work, duration, termination and contract payment for the provision of services.

Request for Proposals (RFP)

HHS utilizes an RFP process to select the best possible applicant. Funding opportunity announcements are placed on the IowaGrants. Typically, there will be a minimum of two rounds of questions and answers during the RFP process. A group of trained reviewers will independently review and score each of the assigned applications. A notice of intent to award will be posted within the allowed timeframes stated in the RFP. A draft contract is posted with the RFP. Applicants are encouraged to thoroughly read the contract and the RFP application before submitting a proposal. The RFP may be valid for up to six

years before a new competitive RFP process is initiated. Contracts are typically three years in length with up to three additional optional years for renewal.

IowaGrants System

IowaGrants is an electronic grant management system. IowaGrants.gov allows you to apply for and manage grants awarded by the state of Iowa. Persons accessing Iowa Grants must register.

https://www.iowagrants.gov/index.do

Subrecipient Monitoring Plan

HHS is required to implement a subrecipient Monitoring Plan by our federal funder, the Health Resources and Services Administration (HRSA). Subrecipient monitoring has two distinct parts: programmatic and fiscal oversight.

Programmatic Oversight

Selection Process: Programmatic oversight begins with the review of the submitted grant proposal/application.

1. Does the proposal outline a plan that meets all the elements required in the technical review?
2. Do the independent reviewers feel that the proposal submitted will result in the achievement of the MIECHV program goals?
3. Does the proposal contain subcontracts to carry out the work?
    a. If yes, then each subcontract over $2,000 must be approved by HHS prior to the home visiting contractor issuing the sub-contract.
    b. If no sub-contracts are being planned, then HHS can move to step four.
4. When these elements are met, HHS will issue a contract for MIECHV home visiting services.

New Home Visiting Contractors

New home visiting contractors will receive a welcome letter from the program director. The welcome letter includes the following:

- Name and contact information for the assigned contract manager,
- Date and time for MIECHV orientation, and

- Information about the roles and responsibilities of the state team.
- New Home Visiting Contractors are granted a grace period during their first year to hire staff and recruit families. The grace period means they will not be included in the standard contract performance measures. They will not receive an incentive or a disincentive.

MIECHV orientation includes the following (for a more complete list, please see Section 1 of this operations manual.)

- MIECHV Background
- Evidence Based Models & Model Fidelity
- MIECHV Benchmarks
- MIECHV Benchmarks/Performance Plans
- Iowa Staff Workforce Report
- MIECHV Contractual Obligations
- Family Service Capacity & Home Visitation Dosage
- Information Technology (IT) Supports
- Subcontracting
- Communication
- Training, Assessments & Screening Tools
- Technology
- Evaluation
- Additional Resources

Data Review

DAISEY reports are available at any time for all home visiting contractors. Please refer to the DAISEY instructions for more information. HHS staff provide training to home visiting contractors on how to use the DAISEY reports in supervision at least annually.

HHS has a Continuous Quality Improvement (CQI) plan that outlines the goals and activities selected for the year.

Performance measures are tools we use to help guide us to continuously achieve and improve results. Performance measures are designed to drive practice to a higher level and are seen as “above and beyond” regular performance.

The state of Iowa requires that all contracts have performance measures. Performance measures have financial incentives and/or disincentives to influence stellar performance. Performance measures are subject to change annually. HHS suggests that each contract has one to three performance measures.

To earn a performance incentive, performance must exceed performance expectations for an evidence-based home visiting model. Practice that falls below acceptable performance is assigned a financial disincentive.

Performance is monitored and discussed during regular contract monitoring calls with the assigned program manager. The MIECHV Epidemiologist reports on each home visiting contractor's performance quarterly and determines which contractors have exceeded and which have fallen short of performance expectations.

Determinations are based upon data collected and reported by the home visiting contractor in the DAISEY data system.

Home Visiting contractors may utilize the incentive for any budget line item that is appropriate and reasonable for the operation of their program.

To determine incentives/disincentives, the MIECHV Epidemiologist shares a spreadsheet with formulas that calculate which home visiting contractors have met their incentive benchmarks; which have not; and their respective financial incentive or disincentive amounts to be applied to their next submitted claim.

If an incentive is to be applied, the Program Officer:

1. Adds the incentive amount to the contractor's budget within IowaGrants in the Performance Measure line.
    a. If the performance measure line is not able to be edited or seen within the budget, the contract manager should contact the IowaGrants HelpDesk.
2. Adds that incentive amount to the fiscal appropriations with IowaGrants.
3. Edits the unpaid, submitted claim by adding the payment to the Performance Measure line and saves the claim.
4. Processes the claim as normal.
5. Records the date of approval in the spreadsheet the MIECHV Epidemiologist shared.

If a disincentive is to be applied, the contract manager:

1. Edits the unpaid, submitted claim within IowaGrants and enters a negative number into the performance measure line of the claim.
2. Process the claim as normal.

Programmatic Onsite Visits

Assigned state staff will provide two site visits per year to each home visiting contractor. These may be completed in person or virtual. During July or August an onsite review will be completed to ensure contract adherence. Areas found out of adherence will be addressed in a compliance plan. Compliance plans are designed to be developed in conjunction with HHS by the home visiting contractor. All compliance plans are

reviewed and approved by the program director as well to ensure consistency across the MIECHV program.

The site visit review includes a random sampling of 10% or five case files (which is ever is greater) for the following information:

- Family is eligible to participate in the MIECHV program
- Methodology or documentation to determine eligibility

For more information on the site visit, please see the Site Visit Checklist and Compliance Plan.

Fiscal Subrecipient Monitoring

- Claim review by MIECHV staff – Assigned state staff will review a selection of monthly submitted claim documentation to determine that expenditures are allowable and allocable to the federal MIECHV grant.
- Administrative Onsite review – Assigned state staff will review administrative and fiscal policies as part of the programmatic onsite review, at least once per year or as needed.
- The HHS Field Auditor will perform a virtual site financial review at each home visiting contractor according to the HHS Financial Audit Review Plan. This includes a review of agency fiscal policies, fiscal control, and claim review.
- The HHS Field Auditor will perform a virtual desk review of the contractors' independent audit report to inform HHS of any potential material issues.

Policy #1: Transferring Participants between Funding Streams

Effective Date: 08-03-12, revised 06-21-16, revised 04-01-22

HHS requires that you do not transfer program participants that are already being served by your organization and in the same evidence-based home visiting model into your MIECHV-funded program. HHS recognizes that most programs are working diligently to operate “one” program with multiple funding streams. While we applaud that effort, transferring participants that are currently receiving your program services into the MIECHV program distorts the MIECHV results and can be very disruptive to the enrolled families.

We cannot control for all the previous experiences that participants may have when they enroll in the MIECHV program, but we can control for this.

To clarify, we have included a few examples to this policy:

1. Participant JONES was served by the PAT program from 2016 – 2017. The JONES family has contacted the agency in 2018 and would like to enroll in EHS again. The JONES family qualifies for PAT and may be served by the program using the MIECHV funding stream.
2. Participant SMITH was served by the PAT program from 2008 – 2010. The SMITH family contacted the agency in 2011 and re-enrolled in the PAT program. The PAT program now receives MIECHV funding. The program in July 2012 would like to move this family to a MIECHV-funded slot. In this situation the answer is no, they cannot be moved to a MIECHV-funded slot as it will distort the results. The family is already enrolled and receiving the very same services via a different funding stream.

EXCEPTION TO POLICY: No exceptions to this policy shall be granted**.**

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #5: Non-engagement Discharge

Effective Date: 01-01-17, Revised 04-01-22

EXPLANATION: Included in this policy are clarifications regarding discharging families from your MIECHV-funded program for non-engagement. HHS recognizes that individual home visiting models may also have policies regarding when to discharge a family for non-engagement that may be more stringent than those outlined in this policy. Contractors must adhere to their program model policy if it is more stringent.

POLICY: Families that have zero completed home visits in the past month must have a supervisory review to determine the best course of action for re-engagement. When the result of the supervisory review is to attempt to re-engage the family, the home visitor should commence scheduling home visits a minimum of weekly. The home visitor should be prepared to go to the home and to deliver services for each scheduled home visit. Home visitors are encouraged to provide unscheduled drop-in visits in addition to scheduled home visits. The purpose of the unscheduled drop-in visit is to reschedule the home visit and re-engage the family in services.

The supervisory review will not always result in an attempt to re-engage with the family. Please see the bulleted list below for what should be taken into consideration in the decision-making process.

The process of a supervisory review after one month of no home visits shall occur for each one-month period without any completed home visits. The program shall discharge a participant after a total of three months of no home visits with no exceptions granted. It is **not** expected that all families will receive a three-month period for re-engagement in the program.

Supervisory reviews shall include the following:

- Family's history of participant engagement with the program
- Time and date of scheduled home visits that were successful and those that were not successful
- Other circumstances the family may be experiencing that may be influencing their engagement
- Methods employed to re-engage the family including letters, texts, emails, and phone messages

MODEL SPECIFIC NOTATION: According to HFA model policy, under certain circumstances families are allowed to have a period up to 90 days in length with no home visits while the program attempts to re-engage the participant, called creative outreach. This policy does not conflict with the HFA policy. According to HFA model policies, creative outreach should be used only when there is sufficient evidence to believe the family will re-engage in the program.

REQUIRED DOCUMENTATION: A written summary of each supervisory review and identified strategies for re-engagement shall be placed in the family file and subject to HHS review monthly. The supervisory review shall contain documentation of each item listed above. All attempted home visits and contacts shall also be documented in the family file and are subject to HHS review. Each supervisory review shall be dated and include the name of the supervisor and the family support professional. Please see the appendix for a sample non-engagement supervisory review form. A supervisory review form needs to be completed for every one-month period that the family does not complete any home visits and is still enrolled in the program. For example, a family declines home visiting services in the month of June. A supervisory review must be completed for the month of June before the family support professional attempts to re-engage in July. If the family declines home visiting services in the month of July, an additional supervisory review must be completed. If the family declines home visiting services in the month of August, the family must be discharged.

EXCEPTION to POLICY: No exceptions to this policy shall be granted.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #6: Transferring Families

Effective Date: 04-01-16, Revised 10-01-16, Revised 04-01-22

EXPLANATION: Included in this policy is the protocol for transferring families to other family support programs when a family moves to another geographic area, requests a transfer or if the program is unable to continue home visiting services.

POLICY: Transferring a family from one MIECHV program to another should be facilitated to allow for the continuity of services. Families may also be transferred to another home visiting program or other community resources when MIECHV services are not available. Preference shall be to continue in the same

evidence-based model of home visiting when available. Transferring to another evidence-based home visiting model is preferred when the same model is not available. The contractor shall consider other appropriate early childhood supportive services in the event that there are not any home visiting services currently available. The contractor shall make every attempt to have the transferring family placed on a waiting list for home visiting if a waiting list exists.

For the purposes of data management, the family will be treated as a new case in the program they are transferred to. This means that their enrollment date will be the date they start with the new program, they will need an Initial LSP, etc. The family's data will not be transferred through DAISEY to the new program. If both programs agree, however, and consent is obtained in writing from the family, the first program may send the family's electronic or hard copy records to the second program.

Unless the model specifically dictates otherwise, the family shall not have to requalify for the same model of home visiting services. For example, a family being served by the Parents as Teachers (PAT) model moves to another community and is able to transfer into the PAT program available in the new community. The family does not have to meet the eligibility criteria, age of the baby, etc. again.

If financially feasible, a joint home visit with home visitors from both programs present is a good practice for a transferring family. This may not be possible due to distance and other circumstances. Families always have the option to discontinue services at any time. A family can request that a transfer not take place.

REQUIRED DOCUMENTATION: A signed release of information by the family is necessary to facilitate the transfer of a family's documents. Family discharge should indicate a transfer to another program.

EXCEPTION TO POLICY: No exception to policy will be granted.

TECHNICAL ASSISTANCE: Please contact your primary program manager for technical assistance.

Policy #7: Dual Enrollment

Effective Date: 01-01-17, Revised 04-01-22

POLICY: Federal policy restricts MIECHV families from receiving services through more than one MIECHV-supported home visiting model program at a time. In Iowa, these program models include Healthy Families America (HFA), Nurse Family Partnership (NFP) and Parents as Teachers (PAT).

Local coordinated intake systems shall make every effort to identify families that are already being served by MIECHV-supported home visiting programs, so they are not inadvertently referred to a second

MIECHV-supported home visiting program. In the event that a family is dually enrolled, the home visitors or their supervisors will meet with the family to inform them that dual enrollment is not an option. A decision will be made as to which program will retain the family and which program will discharge the family. The decision should take into consideration the family's risk factors and the evidence of effectiveness of the model to mitigate the risk factors. Ultimately, the decision rests with the family regarding which program they want to continue enrollment in. The family support program staff should be very cautious not to influence the family's decision by promoting their own interests. The program that is discontinued shall discharge the family in the data system and maintain all required service records. A written summary of the dual enrollment and the outcome of a family meeting shall be placed in the family file and subject to HHS review. Releases of information shall be placed in the family file and are also subject to HHS review.

The same home visiting model programs (HFA, NFP and PAT) are funded in some counties by other sources. Locally developed programs based on these same models (e.g., HFA or HOPES-like programs) are also funded in some counties by other sources. In MIECHV counties, dual enrollment in a MIECHV-supported model program and a non-MIECHV supported model program is strongly discouraged but may be allowed in rare circumstances. In these cases, the MIECHV-supported program shall document the rationale for enrollment in both programs and work in partnership with the non-MIECHV supported program to clearly delineate the role and services of each program to avoid duplication of services.

EXCEPTION TO POLICY: No exception to policy will be granted**.**

TECHNICAL ASSISTANCE: Please contact your primary program manager to request technical assistance.

Policy #8: Re-enrolling Participants after a Negative Discharge

Effective Date: 07-01-16

POLICY: Contractors shall only allow a family to re-enroll in the same MIECHV-funded program and with the same home visitor one time after a negative discharge for one of the following reasons:

- Reason #1 - No contact/could not locate family
- Reason #2 - Family requested termination of services/no longer interested
- Reason #3 - Family is too busy
- Reason #4 - Parental rights were terminated/lost custody/child in foster care
- Reason #5 - Other program or services more appropriate

A one-time re-enrollment in the same program with the same home visitor should only occur after careful consideration and supervisor approval. The consideration shall be the perceived benefit to the family is greater by being served by the same home visitor in the same program than being referred to another program model or another home visitor in the same program.

A family that is referred a third time after being served by the same program and the same home visitor and experienced a negative discharge (listed in paragraph one) shall be referred to a different home visiting program or other community resources.

EXAMPLES:

#1: The Smith family was served by Suzy Jones with the Healthy Families America program in Marshall County. The Smith family was discharged from the program because of xxx reason. Two months after discharge the Smith family contacts Suzy Jones and asks to be re-enrolled in the program and for Suzy to be their assigned home visitor. Suzy discusses the family circumstances with her supervisor. Mrs. Smith at the time of her first enrollment was having difficulty with a mental health disorder. Mrs. Smith is now receiving treatment for the mental health disorder. Suzy believes the trusting relationship she established with Mrs. Smith during her first enrollment would provide a benefit to the family versus the family starting with a new home visitor. The supervisor concurs with Suzy. Documentation is placed in the family file and they are re-enrolled in the same program with Suzy as the assigned home visitor.

#2: Same situation but a second negative discharge has occurred with the Smith family. Several months have passed when a third referral is received by Suzy and the Healthy Families America program. The program declines the referral and re-routes the referral to the local coordinated intake. The Smith family is referred to the Parents as Teachers program available in the community.

#3: Shelia Brown was served by a non-MIECHV funded home visiting program administered by the same organization that is also a MIECHV contractor. Ms. Brown was served by the non-MIECHV funded program in the past and was discharged for a

negative reason. The MIECHV program receives a referral for Ms. Brown. This policy does not impact the referral. A best practice is to always consider the perceived benefit to the family being referred and if another family has a greater need for the home visiting service and has not had the benefit of any home visiting services.

REQUIRED DOCUMENTATION: The written rationale for the re-enrollment, including the perceived benefit and the supervisor approval shall be kept in the family file. The documentation is subject to a record review by HHS.

EXCEPTION TO POLICY: A request for an exception to policy may be made by the MIECHV Contractor when they believe there are unusual or extenuating circumstances present. The request must be made in writing to the Home Visitation Director. The request must contain the unusual or extenuating circumstances for the request. The request must clearly state the perceived benefit to the family. Requests for an exception to policy shall be reviewed and responded to within 3 business days. HHS expects requests for exceptions to policy to be rarely requested.

TECHNICAL ASSISTANCE: Please contact your primary program manager to request technical assistance.

Policy #9: Home Visit Dosage

Effective Date: 04-01-22, Revised Date: 05-20-25

POLICY: MIECHV strives to serve eligible families in communities with the greatest need. Therefore, it is expected that families will be scheduled to receive bi-weekly home visits. The policy also takes into consideration that eligible families do not always keep their scheduled appointments which will in turn challenge the home visitor to deliver the correct dosage. The policy therefore expects each contractor to successfully deliver 50% of the services as planned.

For example, Contract H, has a contracted caseload of 50 families. During the course of one quarter, it is anticipated that the contractor will deliver 50% of the contracted services. 50 slots x 12 weekly home visits = 600 home visits x .50 = 300 home visits.

REQUIRED DOCUMENTATION: Documentation should occur in the home visit record contained within the DAISEY data system.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your primary program manager to request technical assistance.

Policy #10: Capacity Expectations

Effective Date: 10-01-17, Revised 02-01-23, Revised 04-01-25

POLICY: Each MIECHV contract contains a specific family capacity that the contractor is required to serve at any given time. The funding attached to each contract is based on the family service capacity stated in the contract. HHS understands that fluctuations occur in family capacity as families enroll and discharge on a rolling basis and all families are voluntary participants.

Capacity of each contractor and subcontractor is monitored monthly by HHS. The assigned project manager will review capacity during their monthly check in call. HHS no longer has a contract performance measure related to capacity. HHS reserves the right to calculate capacity at any given time. Enrollment data that is not included in the data system will not be considered. New home visiting contractors are granted a grace period of the first year of their contract to reach full capacity.

MIECHV contractors that fall below 85% average capacity for a quarter will be required to complete a capacity contract compliance plan. The plan must list the specific strategies for improving the capacity and bringing capacity up to a minimum of an average of 85% by the end of the following quarter. Capacity strategies will be discussed at each conference call with the assigned program manager. Contractors that have an active contract compliance plan will have a minimum of two monthly conference calls with the assigned program manager.

MIECHV contractors that fall below 70% average capacity for a quarter will immediately be required to complete a capacity contract compliance plan. The plan must list the specific strategies for improving the capacity and bringing capacity up to a minimum of an average of 85% by the end of the following quarter. Capacity strategies will be discussed at each conference call with the assigned program manager. Contractors that have an active contract compliance plan will have a minimum of weekly conference calls with the assigned program manager.

MIECHV contractors that fall below 70% average capacity for two consecutive quarters will be placed on a probationary status and be ineligible for an increase in funding for quality enhancements or service expansion for the entire period of the contract.

Continued lack of compliance to the family capacity standard will be assessed by HHS and may result in actions including contract termination.

REQUIRED DOCUMENTATION: Accurate data entry must be maintained in the data collection system for all enrollments and discharges. Completed improvement plans and/or compliance plans will be retained in the IowaGrants system. A letter from HHS to the contract holder will document their ineligibility to respond to a request for applications for MIECHV.

EXCEPTION TO POLICY: An exception to policy may be considered by the family wellbeing and protection bureau chief if unusual circumstances have occurred that impact the contractor's ability to reach or maintain family capacity.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #11: Missing Required Data

Effective Date: 10-01-17

POLICY: All MIECHV home visiting contractors are required to report data for the Iowa performance measures plan in the HHS data system (DAISEY.) HHS offers a quarterly incentive or disincentive if data is completed in the data system.

The DAISEY data system provides a real-time missing in action data report to enable all home visitors and their supervisors to be able to quickly rectify any missing data. Supervisors will review missing data reports at a minimum of monthly with all home visitors. The review shall include an expectation to correct the missing data as soon as possible on a timetable established by the contractor.

Occasionally, an enrolled family will be discharged before completing the program. The home visitor shall document in the family record the reason for the discharge and provide the rationale for any missing data that cannot be entered as it is not available.

Occasionally, an enrolled family will refuse to complete a screening or provide data. Home visitors should always document the refusal in the family record. Some data elements are required in order to participate in the MIECHV program such as eligibility. Families that refuse to provide that information may not be served in the program.

Local implementing agencies (home visiting contractors) shall establish acceptable standards for completing documentation and correcting data mistakes. Standards shall be available in writing to the home visitors and reviewed by HHS.

HHS expects the minimum threshold for missing data to be 5% in the web-based data system at the end of the quarter. The disincentive will be applied if the contractor has more than 5% required data entry missing after the period has passed.

Contractors that have more than 5% of required data missing for a quarter will be required to complete an improvement plan. The plan must detail new strategies that will result in improved data completeness. The plan shall be written with the intent of achieving 3% or less of missing data by the end of the following quarter.

Contractors that do not meet the standard of 5% or less of missing data for two consecutive quarters will complete a compliance plan. The compliance plan must also detail new strategies that will result in improved data completeness. The plan shall be written with the intent of achieving 5% or less of missing data by the end of the following quarter. Continued lack of compliance to the missing data standard will be assessed by HHS and may result in actions including contract termination.

REQUIRED DOCUMENTATION: Family refusal must be documented in the family record. Data that is missing because of a program discharge prior to program completion shall be documented in the family record.

Written standards for data completion and correction shall be available for review by HHS. Completed improvement plans and/or compliance plans will be retained in the IowaGrants system.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your primary program manager to request technical assistance.

Policy #12: Parameters for Home Visits

Effective Date: 10-01-17, Revised 04-01-22, Revised 02-25-25

POLICY: A completed home visit is defined as a one-on-one meeting between the family support professional with an enrolled family that includes goal setting or review, parent child interaction and coaching. The first home visit must always be provided in-person. Thereafter, the first home visit within a fiscal year (starting October 1st) must be completed in person. Home visits in general last a minimum of 60 to 90 minutes. A home visit typically takes place at the residence of the enrolled family. A home visit may take place at an alternate place due to a variety of reasons such as:

- Family privacy and confidentiality
- Health and safety of the family and the family support professional
- Achievement or pursuit of family goals
- Obtainment of services for the family

Alternate locations include but are not limited to childcare centers, parks, libraries, doctor offices, or other resource provider locations. The use of an alternate location must be clearly identified in the home visit review form including the rationale for why an alternate location was used for the provision of the services.

A home visit may also occur using virtual means. If an electronic platform was utilized, home visitors must select “Video Conference” as the location of the visit and, in the narrative, staff must provide the rationale for why a video conferencing platform was used. The rationale must clearly state if the video conferencing platform was utilized at the family’s request or the home visitor’s request and why that request was made.

Temporarily, during a declared public health emergency, phone calls, without video conferencing, may be used to deliver home visiting services. Texting may be used to re-engage with the family, with the goal of reconnecting through video conferencing or phone calls during a public health emergency.

Home visits are scheduled at a time that is convenient for the family and when all family members can participate. Every effort must be made to include age-eligible, enrolled children and the enrolled parenting adults. Home visits must be available during non-traditional work hours to meet the needs of the enrolled families. Short Home visits that last less than 50 minutes shall include additional documentation providing rationale for the shortened home visit in the Home Visit Review Form. Short Home Visits shall only be implemented on occasion for a specific reason such as attempting to re-engage with the family or because of a family scheduling conflict.

Supervisors will review time, length and location for home visits at a minimum of monthly during supervision. Organizations are strongly encouraged to use this data to inform practice to make improvements. Please see the Supervisor Data Review Form in the Appendix as an example.

REQUIRED DOCUMENTATION: The time, length of visit, location and who was present at each home visit shall be documented in the Home Visit Review Form. Documentation of the monthly supervisory data review shall be placed in supervisory records. HHS will include a review of the time, length of visit, location and those present in the annual review of 10% of the family records. HHS will also review evidence that the supervisory data review is being utilized to improve practice.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #13: Communication with Home Visiting Contractors

Effective Date: 01-01-17, Revised 01-01-20, Revised 04-01-22

POLICY: Each home visiting contractor is assigned to a program manager. The assigned program manager will have a minimum of monthly scheduled video conference calls with each home visiting contractor. The assigned program manager will conduct a site visit of each home visiting contractor at least two times annually. Site visits may be conducted using video conferencing software applications. One site visit is dedicated to a programmatic review of contract compliance and the other visit is typically focused on local identified issues or reviewing the program in action. The contract compliance site visit utilizes a standard form that is reviewed and compared to the contract each year. The completed review is shared in IowaGrants with the contractor and kept on file at HHS. Any area not in contract compliance requires a compliance plan to be completed by the program in partnership with the assigned program manager. To ensure consistency across all contractors the Program Director also reviews all onsite reports and compliance plans. Please see the Appendix for a copy of the Onsite Program Review and the Compliance Plan.

A fiscal monitoring review will also occur annually. Please see the fiscal section of this operations manual for more information.

The state team hosts a quarterly all home visiting contractor call utilizing virtual meeting technology. The all -contractor calls are scheduled for the fourth Monday of the month from 1:00 pm until 2:30 pm. Agendas for all home visiting contractor calls are set with input from the contractors at the end of each call. It is important for contractors to review the agenda to determine who within their organization should participate in the contractor call. At a minimum every contractor and subcontractor are required to have at least one person participate. HHS strongly encourages administrators including supervisors to participate for the flow of effective communication. At times, the agenda may be geared toward home visitors. In those cases, please encourage your home visiting staff to participate.

Communication occurs between the HHS MIECHV staff and the contract holder. The contract holder may invite their subcontractors to participate in meetings and are encouraged to do so. The purpose of doing this is to avoid triangulation between the contractor, their subcontractors and HHS MIECHV staff.

REQUIRED DOCUMENTATION: HHS will maintain records of agendas and meeting notes of all planned meetings with contractors.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #14: Changes in Key Personnel

Effective Date: 09-01-10, Revised 10-01-17, Revised 04-01-22, Revised 04-01-25

POLICY: Home visiting contractors have ten days to notify HHS in writing of any change in key personnel noted in their proposal/application. This requirement is stated in the contract and is reviewed during the onsite process. Non-compliance of this policy will result in the development of a compliance plan by the contractor. The compliance plan shall include new strategies to ensure compliance with this policy. Requested changes to the full-time equivalency of individual personnel or caseload size shall be negotiated with HHS and finalized in a contract amendment. This policy is specific to when new people are hired or when people leave positions. Requested changes to the full-time equivalency shall also be reflected in the budget.

REQUIRED DOCUMENTATION: Notification shall occur in the DAISEY data system in the form titled “Workforce Report” completed within the first three months of your contract. Complete the form in its entirety. Your contract states you will notify HHS within ten days of any change in personnel. You will update your workforce report as needed and send your primary program manager an email notifying them of the update within 10days of the change.

A person with a split position should be listed twice in the staffing grid with the corresponding FTE with each distinct position. For example, Jane Smythe is a full-time employee with the ABC organization working full time in the MIECHV program. However, Jane has two distinct positions with the MIECHV program as a home visitor and as supervisor. Jane will appear in the staffing grid twice; Jane Smythe .5 FTE Supervisor and Jane Smythe .5 FTE Home Visitor with a capacity of 10 families.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #15: Vacancy Plan for Home Visitors and Supervisors

Effective Date: 09-01-10, Revised 10-01-17, Revised 04-01-22

POLICY: Each home visiting contractor is required to develop and adhere to a position vacancy plan in their proposal/application. The vacancy plan must assure HHS that families will continue to be provided home visiting services, at the correct dosage, in the event of a planned or unplanned vacancy and that supervision will be received by the home visitors. The requirement is stated in the contract and is reviewed during the onsite process.

Vacancy plans are included in MIECHV grant applications and are reviewed for adherence at annual onsite reviews. Vacancy plans shall also be reviewed when a home visiting contractor is not meeting the standards for planned family capacity. Vacancy plans must also include the plan and timeline for filling open positions.

Vacancy plans will also include how families will be transitioned to a new home visitor in the event of a home visitor vacancy. Plans must include strategies to reduce the number of families that leave the program instead of transitioning to a new home visitor.

Open positions must be filled within 12 weeks. The contractor shall notify HHS of any positions that have not been filled within 12 weeks. The notification shall include documentation that the contractor has followed their approved vacancy plan for filling an opening. The notification shall also include what additional steps the contractor has taken to fill the position. Positions that are vacant for more than six months may be discontinued permanently and funding decreased to reflect the reduced capacity. It is anticipated that expenditures during the vacancy period will reflect reduced expenditures based on the vacancy.

REQUIRED DOCUMENTATION: Vacancy plans for home visitors, Vacancy plans for supervisors, HHS review of adherence to vacancy plan at annual programmatic review.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #16: Background Checks Required

Effective Date: 09-01-11, Revised 10-01-17, Revised 04-01-22

POLICY: Iowa law requires state-funded family support workers and those that provide supervision to the family support direct service professionals to satisfactorily complete a criminal and child abuse background check. The federally funded MIECHV program places the same requirement on its home visiting contractors. All direct service family support professionals and those that supervise them must have completed a criminal and child abuse background check. Direct service professionals are defined as those that work directly with enrolled families. They may have job titles such as parent educator, nurse educator, family support worker, home visitor, etc. The requirement extends to supervisors that may fill in for home visitors during a vacancy. Verification of completion will be reviewed on any new staff during the onsite visit.

At a minimum of every three years a criminal and child abuse background check must be repeated for all individuals covered by this policy as stated above. The contractor will be responsible for tracking that this requirement is being met. At any time that a home visitor has a criminal incident or a child abuse investigation, they must report it immediately to their employer. The employer is responsible for determining the impact to the home visitor's continued employment. The employer is responsible for notifying HHS of any adjudicated criminal charges or confirmed child abuse cases of any HHS funded home visitor. Accusations of criminal activity or child abuse that is not confirmed may be reported to HHS at the employer's discretion.

Background checks must be completed prior to staff having contact with enrolled families.

REQUIRED DOCUMENTATION: Completed background checks will be included in the human resource files of the employing organization. HHS will request verification from the organization that they are in adherence to this policy.

EXCEPTION TO POLICY: No exceptions will be granted for background checks to be completed. Hiring organizations shall determine the employability of their staff based on the results of the background checks.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #17: National Family Support Exam and Certification

Effective Date: 01-01-21, Revised 04-01-22, Revised 02-24-25

POLICY: All family support professionals, who were hired on or before January 1, 2021, that are providing direct services to families will have earned the National Family Support Certification by December 31, 2021. All family support professionals who were hired after January 1, 2021, will have one year from the date of hire to earn the National Family Support Certification. The National Family Support Certification may only be awarded by the Institute for the Advancement of Family Support Professionals.

A waiver for the timeline to earn the Certification may be awarded in extraordinary circumstances and only when the learner has exhausted all the supports available to them.

For up-to-date information, please visit http://institutefsp.org/

- Click here to access the Iowa Certification Waiver Request Form

REQUIRED DOCUMENTATION: The Family Support Registry will include the name of all family support professionals that have earned the National Family Support Certification. HHS also reserves the right to require the contractor to forward copies of certificates.

EXCEPTION TO POLICY: A waiver for the timeline to earn the Certification may be awarded in extraordinary circumstances and only when the learner has exhausted all of the supports available to them.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #18: Subcontract Approval

Effective Date: 10-01-17, Revised 04-01-22

POLICY: All MIECHV subcontracts greater than $2,000 are required to be approved by HHS. HHS approval must be granted prior to executing the subcontract. Subcontract terms must comply with state and federal law. To obtain approval, the Contractor shall submit to the Department the proposed contract or written agreement between the parties. The proposed contract or agreement shall contain:

1. A list of the work and services to be performed by the subcontractor.
2. The contract policies and requirements.
3. Provision for the Department, the Contractor, and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers, and records of the subcontractor pertinent to the subcontract.
4. The amount of the subcontract.
5. A line-item budget of specific costs to be reimbursed under the subcontract or agreement or other cost basis for determining the amount of the subcontract as appropriate.
6. A statement that all provisions of this contract are included in the subcontract including audit requirements and a 10% administrative cap (please see policy #22 for more information on the administrative cap.)
7. Period of performance.
8. Any additional subcontract conditions.

Any subcontract or other written agreement shall not affect the Contractor's overall responsibility and accountability to the Department for the overall direction of the project. If during the course of the subcontract period the Contractor or subcontractor wishes to change or revise the subcontract, prior written approval from the Department is required. The Contractor shall maintain a contract administration system which ensures that subcontractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders. The Contractor shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of any subcontract. No employee, officer or agent of the Contractor or subcontractor shall participate in the selection or in the award or administration of a subcontract if a conflict of interest, real or apparent, exists.

The following are suggestions for contracting best practice:

1. Parties should be clearly identified and the manner in which they are referred to throughout the subcontract should be clear and consistent.

2. Terms and conditions should be numbered.
3. If the contractor desires a specific level of communication with the subcontractor regarding performance, such requirements should be delineated in the subcontract.
4. Expectations of professional qualifications of subcontractors' employees.
5. Manner and process for payment should be clear.
6. Termination Clause if adequate funds are not available.

REQUIRED DOCUMENTATION: Approval of subcontracts will be recorded in IowaGrants. A review of subcontracts will occur during the programmatic annual site visit.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #19: Information Technology (IT) Support

Effective Date: 10-01-17

POLICY: MIECHV home visitors are using technology in new ways with families and are required to use the web-based data system Data and Integration System for the Early Years (DAISEY). All home visiting contractors must demonstrate in their grant application that they have adequate IT support. The support may be available internally in the organization or may be contracted. During the onsite visit to monitor for contract compliance, the amount of IT needed and received will be reviewed. The rationale for the IT support is that MIECHV requires intensive data collection efforts. In order to experience success, home visiting contractors need IT support.

REQUIRED DOCUMENTATION: IT support is documented in the home visiting contractor's grant application. The IT support is reviewed during the onsite programmatic monitoring site visit. The annual onsite review will document any recommendations for increased IT support.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #20: Supervision Frequency and Quality

Effective Date: 10-01-17, Revised 04-01-22

POLICY: MIECHV home visiting contractors are contractually required to provide weekly supervision. This requirement may be more frequent than what is required by the model developer for individual models.

Supervision shall be scheduled and provide for one-on-one time for the family support professional to receive supervision. Supervision shall include review of required data, home visit completion, capacity, outreach strategies, coordination of services, professional development strengths and needs of the family support professional. Supervision shall also include a review of data both in DAISEY and any other data system at a minimum of monthly. Supervision shall also include observation of each direct service professional at least two times per year. HHS recommends that supervisors utilize the HOVRS for their observation and to provide feedback to the family support professional.

All MIECHV direct service family support professionals are required to receive reflective supervision. Reflective supervision provides the supervisory support needed by family support professionals. They are exposed to intense emotional content, complex family issues and traumatic life experiences in their daily work. Reflective supervision provides a way for family support professionals to reach greater understanding of the families they serve.

Employing organizations shall assure that supervision is available to the direct service family support professionals outside the traditional work schedule. This may include a chain of command within the organization in the event the direct supervisor is unavailable. The purpose of this is to assure that home visitors have access to supervision when support is needed outside of work hours.

REQUIRED DOCUMENTATION: Family support supervisors shall document all supervisory meetings and include a summary of content, identify unmet needs and note exemplary practice. Home Visit Observations and Data Reviews must be documented in writing and included in supervisory records. Completion of the National Family Support Supervisor Certification within one year of hire once it becomes available.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #21: Social Media Usage

Effective Date: 01-01-17

POLICY: All MIECHV staff shall have a professional Facebook profile and membership to the Iowa Family Support Professional Network Facebook group. Home Visiting contractors are encouraged to establish social media policies for their organizations. HHS discourages the use of personal Facebook profiles and accounts to communicate with enrolled families. Use of personal social media accounts in professional settings creates professional boundary violations.

HHS utilizes the Iowa Family Support Professional Network (IFSPN) Facebook group to communicate with family support professionals, important updates including professional development opportunities. MIECHV contractors are encouraged to post information, ask questions, and offer peer support on the IFSPN Facebook group. It is expected that all MIECHV staff will log on to the IFSPN at a minimum of weekly to review postings and contribute to the group.

REQUIRED DOCUMENTATION: Professional Facebook profiles and membership in the IFSPN will be reviewed annually during the onsite review. This requirement is also contained in the MIECHV home visiting contract language. Lack of adherence to this requirement will result in the development of a compliance plan.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #22: MIECHV Administrative and Carry Forward Limits

Effective Date: 10-01-17, Revised 04-01-22, effective at commencement of FY23 contract period (HOPES-HFI 07-01-22, New MIECHV contractors 07-01-22 and MIECHV 10-01-22)

POLICY: Administrative Costs/Indirect rate application to MIECHV Applicant and Contractor Budgets Background: The Federal funder for the MIECHV project, Health Resources and Services

Administration, provides a funding restriction limit ("Cap") on the use of funds for purposes of administrative

expenditures, as well as provides specific definitions for what is considered administrative functions.

Cap = No more than 10 percent* of the award amount may be spent on administrative expenditures (as listed below). *The only exception to this Cap is a federally approved indirect cost rate agreement.

All proposed administrative expenses must be clearly identified within the proposed budget, not to exceed the cap limitation. In addition, this limit, or 'cap' shall also be extended to any subcontractors of MIECHV funds.

Follow the guidance below for applying administrative costs within the MIECHV budget:

Option 1: Using Administrative Direct Costs Expenditures:

Absent a federally approved indirect cost rate agreement, a Contractor may budget to spend up to 10% of the award amount on approved administrative expenditures (as listed below).

Option 2: Using an agency's Administrative Cost Allocation Plan:

If a Contractor has an "Indirect Cost Plan" recognized by a state cognizant agency (for local governments only) or an agency-determined "Administrative Cost Allocation Plan", the Contractor may apply this rate within the budget, up to the Cap amount. If an Applicant applies this rate, they shall not duplicate administrative expenditures within the direct cost line-item categories of the budget (expenditures included in the approved administrative expenditures list below). A Contractor with an agency-determined Administrative Cost Allocation Plan rate or an Indirect Cost Plan recognized by a state cognizant agency), they may choose not to apply this rate and then may budget for administrative expenditures as described in Option 1. If using the Administrative Cost Allocation Plan, the Applicant shall maintain documentation to support the administrative cost allocation at all times. A copy of the current cost allocation plan or indirect cost plan must be submitted as part of the application process. The Department reserves the right to negotiate the application of the cost allocation per individual contract and may request updated documentation from the Contractor at any time.

If the Administrative Cost Allocation Plan rate is less than the cap, then the Applicant may also include costs from the approved administrative expenditures list in the proposed budget**,** only if these costs are not already included within the rate, up to the cap.

Examples of using an Administrative Cost Allocation Plan:

Example 2.1: The total MIECHV award to Agency Z is $250,000. Up to $25,000 of this award may be utilized for administrative expenditures including their administrative cost allocation plan. Agency Z has an approved administrative cost allocation plan of 8%, which equals $20,000 of the MIECHV award. Agency Z may charge their entire administrative cost allocation plan. Agency Z may also charge an additional $5,000 in administrative expenses (from the approved administrative expenditures list) if those costs are not already included in their administrative cost allocation plan.

Example 2.2: The total MIECHV award to Agency C is $500,000. Up to $50,000 of this award may be utilized for administrative costs including the agency administrative cost allocation plan. Agency C has an agency administrative cost allocation plan of 10%, which equals $50,000 of the MIECHV award. Agency C may charge their entire administrative cost allocation plan to the MIECHV award and may not charge any other administrative expenses that are not included in their administrative cost allocation plan.

Example 2.3: The total MIECHV award to Agency H is $750,000. Up to $75,000 of this award may be utilized for administrative costs including the agency administrative cost allocation plan. Agency H has an administrative cost allocation plan of 15%; which equals $112,500 of the MIECHV award. They may charge $75,000 as administrative costs (cap) and may not include additional administrative expenses not included in the cost allocation plan to the grant.

Option 3: Exception to the Cap- Using a federally approved indirect cost rate agreement:

If a Contractor has a federally approved indirect cost rate agreement, they may apply the non-research, federally approved rate within this budget. A copy of the current, signed federally approved indirect cost rate agreement must be submitted as an attachment to the application. The Department reserves the right to negotiate the application of the indirect cost rate per individual contract. If the federally approved indirect cost rate is less than the cap, then they may also include costs from the approved administrative expenditures list in the proposed budget, only if these costs are not already included within the rate, up to the cap.

Examples of using a federally approved indirect cost rate:

Example 1.1: The total MIECHV award to Agency Z is $250,000. Up to $25,000 of this award may be utilized for administrative expenditures including their indirect cost rate.

Agency Z has a federally approved indirect cost rate of 18% of salary and fringe costs. The approved indirect cost rate is based on personnel costs (salary and fringe) and not the total award. Agency Z has budgeted $125,000 for personnel costs in the MIECHV budget.

When applying their 18% indirect cost rate, administrative costs equals $22,500. Agency Z may also charge an additional

$2,500 in administrative expenses (from the approved administrative expenditures list) if those costs are not already included in their indirect cost rate plan.

Example 1.2: The total MIECHV award to Agency C is $500,000. Up to $50,000 of this award may be utilized for administrative costs including their indirect cost rate. Agency C has a federally approved indirect cost rate of 20% of salary and fringe. The approved indirect cost rate is based on personnel costs (salary and fringe) and not the total award. Agency C has budgeted $300,000 for personnel costs. The indirect cost rate equals

$60,000 which exceeds the administrative cap of 10% of the award. The Department will honor the approved indirect cost rate for Agency C but no other administrative expenses will be allowed.

Example 1.3: The total MIECHV award to Agency H is $750,000. Up to $75,000 of this award may be utilized for administrative costs including their indirect cost rate. Agency H has a federally approved indirect cost rate of 12% of salary. The approved indirect cost rate is based on personnel costs (salary only) and not the total award. Agency H has $350,000 in salary costs included in the MIECHV budget. The indirect cost rate equals

$42,000. Agency H may charge their entire indirect cost rate. Agency H may also charge up to an additional $33,000 of administrative expenses (from the approved administrative expenditures list) if those costs are not already included in their indirect cost rate.

Approved Administrative expenditures:

The following examples illustrate types of expenditures or costs that will be applied to the cap. The Department reserves the right to modify approved administrative expenditures at any time.

- Indirect Costs charged to the grant per the federally approved indirect cost rate allocation plan.
- Administrative Cost Allocation for organizations that do not have an approved indirect cost rate allocation plan.
- Fiscal Management duties including Oversight, Accounting, Claims, Expenditures, Auditing and other fiscal duties.

- Time and effort, travel, supplies, space, professional development and other expenses for management personnel, including fiscal management positions. Management positions, including those that do not provide direct services to families, nor do they provide supervision to direct service personnel.
- Preparation and submission of grant applications.
- Subcontract development and oversight of subcontract activities.
- Time and effort for contract development and negotiation with the department.
- Independent audit fee.
- Human Resource duties including advertising for open positions and maintenance of human resource functions including payroll and benefits.

Non- Administrative expenditures:

The following examples illustrate types of expenditures or costs that are not in the administrative expenditures cap and can be listed as direct costs within the budget:

- Time and effort of direct service personnel (home visitors, coordinated intake personnel, data entry clerks) for carrying out MIECHV services.
- Time and effort of those that supervise direct service personnel carrying out MIECHV services.
- Travel expenses, supplies, space and other expenses of persons providing professional development services to direct service professionals and those that supervise direct service professionals as long as these expenses are not already included in the indirect cost rate or administrative cost allocation plan that is being applied to the budget.
- Provision of Mental Health Consultation for Direct Service professionals and those that supervise them. Includes travel, supplies and other costs for the provision of mental health consultation.
- Coordination of services for families under the MIECHV project.
- Professional liability fees for direct service professionals and those that supervise them as long as these expenses are not already included in the indirect cost rate or administrative cost allocation plan that is being applied to the budget.
- DAISEY reporting, reporting to evidence-based model developers.
- Evidence-based model affiliation fees.
- Time and effort for participation in HHS MIECHV monthly calls, individual Contractor check in calls.
- Time and effort for community relationship development and maintenance.
- Time, effort and associated costs with the recruitment of home visiting participants.
- Cost of criminal and child abuse background checks, national certification exam, continuing education and other required training fees.

The applicant shall clearly identify all budget items that are administrative in nature. The applicant shall maintain documentation to support the administrative cost allocation. The Department reserves the right to request the documentation at any time.

No carryforward funds are allowed.

REQUIRED DOCUMENTATION: Adherence to this policy will be evaluated by review and approval of the budget contained in the contract. Contractors that have an approved indirect cost rate or a cost allocation plan will be responsible for submission to HHS of a copy of their approved plan. Budgets must clearly identify administrative costs vs. direct costs.

EXCEPTION TO POLICY: There is no exception to policy.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #23: Mobile Device and Cellular Data Plan

Effective Date: 10-01-17, Revised 04-01-22, Revised 04-26-22

POLICY: All MIECHV home visitors are required to have a work provided mobile device with a cellular data plan that may be used as a personal hotspot, to enable them to enter data electronically during the home visit when possible. The use of tablets for the mobile device is strongly encouraged because of their screen size, touch screen technology and flexibility. An iPad is the tablet model that has been considered when developing all online materials for the Iowa MIECHV program. No guarantee of compatibility is issued by HHS nor will additional technical assistance be available to contractors that use other brands or types of devices.

REQUIRED DOCUMENTATION: Adherence to this policy will be reviewed during the onsite visit and noted in the onsite report.

EXCEPTION TO POLICY: N/A

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #24: Cultural Humility

Effective Date: 10-01-17, Revised 04-01-22

POLICY: All MIECHV staff are required to have training on cultural humility within 3 months after hire and as part of ongoing professional development. Training should include awareness of appropriate translation protocols and practices related to translation. It is suggested that MIECHV staff complete the following modules found on the Institute (https://institutefsp.org/) to meet this requirement:

1. Cultural Humility Part One: Supporting Immigrant Families, A Culturally Humble Approach
2. Cultural Humility Part Two: Supporting Dual Language Learners
3. Historical Trauma

REQUIRED DOCUMENTATION: Adherence to this policy will be reviewed during the onsite visit and noted in the onsite report.

EXCEPTION TO POLICY: There is no exception to this policy.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #25: PICCOLO Completion – Non-English-Speaking Families

Effective Date: 05-03-19, Revised 05-21-20, Revised 04-01-25

POLICY: All parents completing the PICCOLO will have the opportunity to do so in their primary language. If their primary language is not English, parents will be provided translation services to assure their scores are accurate. There are four ways this service may be provided. They are included below.

REQUIRED DOCUMENTATION:

Video Recording: In the first option, parents are offered the PICCOLO assessment and have signed a waiver allowing them to be recorded during their 10 minute play session. The family support worker will secure an interpreter to attend the home visit while the PICCOLO assessment is completed. The interpreter will translate the conversations occurring between parent and child into the recording device.

Video Recording with Transcript: In the second option, parents are offered the PICCOLO assessment and have signed a waiver allowing them to be recorded during their 10-minute play session. Once the video has been completed, the family support worker will secure an interpreter to review the video and write a transcript which documents conversations between parent and child. The family support worker will then label and upload both the transcript and the video into a secure email to be shared with the HHS PICCOLO trainer.

Virtual Visit with Chat Interpretation: In the third option, parents are offered the PICCOLO assessment and have signed a waiver allowing them to be recorded during their 10-minute play session. Prior to recording, the home visitor will schedule a virtual meeting for themselves and the interpreter using a platform approved by their program. Staff will use this platform to record the PICCOLO interaction while the interpreter live translates interactions directly into the chat function. Note: The interpreter will not need to be physically present in the home during this time. Once the recording is complete, the home visitor will then label and upload the video into a secure email to be shared with the HHS PICCOLO trainer. *Note: Each program will be responsible for assuring that the chat function on the selected platform is recorded during the virtual visit.*

Currently, Zoom and Google Hangouts both record and display the chat function in real time.

Live Scoring in the Home: In the fourth option, parents are offered the PICCOLO assessment via recording but declined. Instead, the parent has agreed to live scoring in the home provided by a trained staff member. If the staff member speaks the parent's primary language, an interpreter is not required. If the staff member does not speak the parent's primary language, they will be required to secure an interpreter to be present during completion of the PICCOLO assessment. The interpreter's responsibility will be to translate the conversations occurring between parent and child during the 10 minute play session.

EXCEPTION TO POLICY:

Video recording: HHS staff will score and enter data into the DAISEY Database OR program must maintain a record of parent refusal.

Video recording with a transcript: HHS staff will score and enter data into the DAISEY Database OR program must maintain a record of parent refusal.

For live scoring in the home: Entry of the scores into the DAISEY Database OR program must maintain a record of parent refusal.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #26: Identifying Target Child in DAISEY

Effective Date: 05-14-20, Revised 04-01-22, Revised 02-24-25

POLICY: Each family should have one designated target child in the data collection system. In the case of multiples, pick one child included in the birth (twins, triplets, etc.) to be designated as the target child. Once a child is labeled in DAISEY as a target child, this may not be changed. Any altering of the target child in the DAISEY system will negatively impact the integrity of the data MIECHV collects and reports to HRSA. The designation of a target child in DAISEY is for reporting purposes only and does not impact the practice of serving the entire family, including all children.

REQUIRED DOCUMENTATION: Each contractor and/or subcontractor must label the intended target child upon initial enrollment. The documentation is subject to a record review by HHS.

Items for consideration prior to selecting the target child:

1. The program can select the youngest child in the family as the designated target child upon enrollment. This will allow for the family to be served for the longest duration possible. For example, a family has two children ages 1 month and 13 months. Upon enrollment, the home visitor selects the 1-month-old as the target child and collects all required data for that child. This allows the program to serve this family for an additional year beyond what would have been possible had the home visitor selected the 13-month-old child instead.
2. Once a target child has been identified, this shall not be changed, even if the target child ages out of the program model but is still eligible for MIECHV funded home visiting services. For example, a family was enrolled in a home visiting program that serves families with children prenatal to age two. The target child reaches the age of two, graduates from the program, and is no longer eligible to be served by the home visiting model because the child has reached the maximum age for the home visiting model. This family must be discharged from the program.

In this scenario, if the family has a younger child and the program believes that they need to continue services, then the program could discharge the family, re-enroll them and select the younger child as the new target child. While this is a possible action, a home visiting organization should proceed with caution prior to making any changes. A home visitor must consult with their supervisor prior to taking this action. The home visitor and supervisor will discuss the benefits to the family to remain in the program. The home visitor shall have developed a written plan that will outline the benefits to the family to remain in the home visiting program and why this family should be a higher priority for services rather than enrolling a new, unserved, eligible family into the program. The supervisor must sign the written plan providing their approval. MIECHV contractors may have additional required steps in determining if a family with a target

child who has aged out should take priority for services over otherwise eligible families that have not received any home visiting services by the program. The written plan, signed by the supervisor, must be kept on file by the home visiting program. All families that have continued to be served by the home visiting program will have their case files reviewed during the HHS annual onsite review.

EXCEPTION TO POLICY: No exceptions at this time.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #27: Participation in Non-MIECHV Sponsored Research

Effective Date: 04-01-22

POLICY: All MIECHV home visiting contractors and subcontractors must receive pre-approval from HHS prior to participation in any research or evaluation activities that involves MIECHV staff or families. The contractor will be responsible for seeking written approval from the model developer. The contractor will also need to assure that the research design does not place an undue burden on the home visiting staff, families served or jeopardize the security of the MIECHV data.

REQUIRED DOCUMENTATION: Research design, qualifications of persons conducting the research, Institute Review Board approval, model developer approval and all other relevant documents. HHS will review the request and provide approval or denial of approval in writing to the contractor. It is anticipated that the review process may take several weeks.

EXCEPTION to POLICY: No exceptions to this policy shall be granted.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #28: Program Income

Effective Date: 04-01-22

POLICY: On occasion a MIECHV contractor may engage in an activity that generates program income or seek additional funding for their MIECHV program. A MIECHV contractor that is seeking additional funding or generates program income must first obtain written approval from the Department. HHS fully funds the MIECHV program so any funding generated would be considered program income, not supplemental funding. Your MIECHV contract budget shall be reduced by the exact amount of program income generated. A failure to disclose program income to the Department will result in the immediate, for cause, termination of your contract.

For example, Agency K, is an approved Medicaid provider in addition to being a MIECHV home visiting contractor. Agency K requests to bill Medicaid for developmental screenings completed on MIECHV children during the provision of the MIECHV program. HHS must first approve Agency K billing Medicaid for those services as they are a key component of the MIECHV program and are already being paid for with your MIECHV funds. If HHS approves Agency K, billing Medicaid for the MIECHV funded services, Agency K will need to declare any Medicaid funds as program income. HHS in turn will reduce the MIECHV award by an equivalent amount to offset the program income. There will be no consideration of time and effort expended by Agency K in their pursuit of program income.

REQUIRED DOCUMENTATION: HHS written approval, all corresponding financial documents, time and effort documentation

EXCEPTION to POLICY: No exceptions to this policy shall be granted.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Policy #29: Data Security

Effective Date: 10-01-23

POLICY: Confidential MIECHV data shall be kept as secure as possible which typically means kept contained within the HIPAA compliant DAISEY system.

- Data reports contained within the DAISEY system shall not be printed in hard copy. This includes copying information contained within DAISEY, by hand, onto a piece of paper.
- Data may be exported from DAISEY into another secure and HIPAA compliant data system.
- Data may be exported into a CVS file for evaluation or quality control purposes. Exported files shall only be retained as long as necessary to complete the task. At all times, the exported files shall be stored in a secured network system with access limited to persons with authorization to the confidential information.

DAISEY is a HIPAA-compliant data system that securely stores confidential information about families participating in the MIECHV program. Printing or copying information out of DAISEY increases your liability, your organization's liability, and jeopardizes the future funding of the MIECHV program.

Any real or perceived data security breach must be reported to the primary program manager within 24 hours of the occurrence. The assigned primary program manager will work with the home visiting organization to properly document the breach and submit the documentation to the Iowa HHS data security division and to our federal funder. If you are in doubt if a security breach occurred, please go ahead and report it.

Laptops, smartphones, and tablet computers may be taken out of the organization's physical environment to facilitate the work of the home visitor. Organizations shall ensure that they have implemented standard security measures on their devices such as two factor authentication or password protection with expectations that the device will be locked down when not in use. Personnel shall make every effort to safeguard their devices by not leaving them visible to a passerby when their vehicle is unattended. Reasonable security measures include a minimum of two locks between the device and a thief. For example, many organizations supply home visitors with locking storage cases for laptops and tablets. These cases coupled with locking your vehicle presents the two locks between your device and a would-be thief.

Confidential client information shall not be contained, even temporarily, on personal devices.

REQUIRED DOCUMENTATION: Compliance with the policy will be reviewed during annual monitoring visit.

EXCEPTION to POLICY: Very limited and must be requested in writing to the Iowa Department of Health and Human Services, MIECHV program.

TECHNICAL ASSISTANCE: Please contact your assigned program manager to request technical assistance.

Appendix A: Supervisory Review Form – Example

Instructions

The family support professional and their direct supervisor shall complete this form for each family when a family has not had a completed home visit in the month. A supervisory review must be completed prior to the family support professional attempting to schedule a home visit in the subsequent month. The process is repeated the following month if there are no home visits. At the end of the third month, the family will be discharged from the program. Please refer to Policy #5 Discharge for Non-Engagement for more information.

Name of Family:
Name of Family Support Professional:
Name of Direct Supervisor
Date of Supervisory Review:
Is this a One-month review, Two month review , Three month review

Family's history of program engagement

Completed home visits:

1. Dates, time of day and day of the week of all home visits completed within the previous 3 months. Add extra rows as needed and label each month with the name of the month:

Month	Date	Day of the Week	Time of Day	Comments (if needed)
Month One				
Month Two				
Month Three				

Missed home visits:

2. Dates, time of day and day of the week of all home visits that were scheduled and canceled by the family, or the family was unavailable within the previous 3 months. Do not include home visits that were canceled or rescheduled by the family support professional:

Month	Date	Day of the Week	Time of Day	Comments (if needed)
Month One				
Month Two				
Month Three				

Other contact from the family:

3. Dates of all **other** contact from the family in the previous 3 months (include phone messages from the family, texts from the family, notes on the door, etc.) Do not list home visits already provided:

Month	Date	Day of the Week	Time of Day	Comments (if needed)
Month One				
Month Two				
Month Three				

Non-participation pattern:

4. In the past 12 months, how many months has the family had zero home visits? (If the family has been enrolled for less than 12 months, reduce the denominator to reflect the number of months the family has been enrolled.)

Extenuating circumstances:

5. Include any other circumstances the family may be experiencing that may be influencing their engagement (substance abuse, mental health, intimate partner violence, scheduling conflicts, extended travel)

Direct Supervisor to complete this section.

1. **First Period Re-engagement (time period)**

- Authorize attempt to re-engage? Yes or No
- Rationale for authorization:
- Re-engagement strategies

Summarize the re-engagement strategies to be deployed by the family support professional in the month two of no contact.

2. **Second Period Re-engagement (time period)**

- Authorize attempt to re-engage? Yes or No
- Rationale for authorization:
- Re-engagement strategies

Summarize the re-engagement strategies to be deployed by the family support professional in the month three of no contact.

3. **Final Outcome:**

- Family Re-engaged: Yes or No

Date of Family Discharge if Family was not successfully re-engaged: mm/dd/year

Appendix A: Supervisory Review Form – Completed Example

Instructions

The family support professional and their direct supervisor shall complete this form for each family when a family has not had a completed home visit in the month. A supervisory review must be completed prior to the family support professional attempting to schedule a home visit in the subsequent month. The process is repeated the following month if there are no home visits. At the end of the third month, the family will be discharged from the program. *Please refer to Policy #5 Discharge for Non-Engagement for more information.*

Name of Family: JC Jones
Name of Family Support Professional: Becky Smith
Name of Direct Supervisor: Laurel Rogers
Date of Supervisory Review: 1/3/22
Is this a One month review_X , Two month review , Three month review

Family's history of program engagement Completed Home Visits

1. Dates, time of day and day of the week of all home visits completed within the previous 3 months. Add extra rows as needed and label each month with the name of the month:

Month	Date	Day of the Week	Time of Day	Comments (if needed)
Month One – December 2021	No HVs completed			
Month Two – November 2021	11/4/21	Thursday	4:00 pm	

Month Three – October 2021	10/28/21	Thursday	4:00 pm	
	10/14/21	Thursday	3:00 pm	

Missed Home Visits

2. Dates, time of day and day of the week of all home visits that were scheduled and canceled by the family or the family was unavailable within the previous 3 months. Do not include home visits that were canceled or rescheduled by the family support professional:

Month	Date	Day of the Week	Time of Day	Comments (if needed)
Month One – December 2021	12/23/21	Thursday	4:00 pm	
	12/14/21	Tuesday	9:00 am	
	12/10/21	Friday	12:00 pm	
	12/3/21	Friday	1:00 pm	
Month Two – November 2021	11/11/21	Thursday	2:00 pm	
	11/18/21	Thursday	1:00 pm	
Month Three – October 2021	10/7/21	Thursday	1:00 pm	
	10/21/21	Thursday	1:00 pm	

Other contact from the family

3. Dates of all **other** contact from the family in the previous 3 months (include phone messages from the family, texts from the family, notes on the door, etc.) Do not list home visits already provided:

Month	Date of family contact	Type of contact	Comments
Month One – December 2021	No contact from the family	N/A	
Month Two – November 2021	11/22/21	Text from family	Wanted to know when their home visit was scheduled for that week
Month Three – October 2021	10/8/21	Text from family	Sorry that they missed their home visit. Baby was sick.

Non-Participation pattern

4. In the past 12 months, how many months has the family had zero home visits?
   - 2 months/ 8 months (family enrolled in April 2021)

   (If the family has been enrolled for less than 12 months, reduce the denominator to reflect the number of months the family has been enrolled.)

Extenuating circumstances

Include any other circumstances the family may be experiencing that may be influencing their engagement (substance abuse, mental health, intimate partner violence, scheduling conflicts, extended travel)

New baby born in September 2021.

Direct Supervisor to complete this section

1. **First Period Re-engagement (January 2022)**

   Authorize attempt to re-engage? Yes or No

Rationale for authorization: Family had been meeting fairly consistently and had initiated contact in the past. It is worthwhile to attempt to re-engage during the month of January.

Re-engagement strategies

Summarize the re-engagement strategies to be deployed by the family support professional in the month two of no contact.

The home visitor will reach out by text and schedule a home visit at 4 pm. They will ask if that time works with the new baby or is there a better time with the baby's schedule? The home visitor will offer to screen the baby's development to ensure they are on track. The home visitor will tell the family she will bring diapers and wipes to the home visit. The home visitor and supervisor will check in about this family mid-January to see if the strategies have been successful.

2. **Second Period Re-engagement (time period)**

   Authorize attempt to re-engage? Yes or No

   Rationale for authorization:

Re-engagement strategies

Summarize the re-engagement strategies to be deployed by the family support professional in the month three of no contact.

3. **Final Outcome:**

   Family Re-engaged: Yes or No

   Date of Family Discharge if Family was not successfully re-engaged: mm/dd/year

Appendix B: Data Review Form

Supervisory Data Review Checklist Example
Name of Family Support Professional:
Name of Supervisor Completing the Data Review:
Date of Data Review:

DAISEY Scheduling Report

- What percentage of tasks are missing?
- What percentage of tasks are completed on time?

DAISEY Home Visit Report Tracker (month filter and home visitor filter)

- Caseload Capacity at 85% or higher?
- Expected Dosage Met?
- Any families with zero home visits for competed month? (Supervisory review is triggered)

DAISEY MIECHV Benchmark Report and Demographic Report (Review Quarterly)

- Expected Performance?
- Missing Referrals?
- Missing Demographics?

Case Notes (Review 20% of files each month, rotating to ensure that all files are reviewed twice within the fiscal year

Appendix B: Data Review Form Cont.

Activity	Family Name Here	Family Name Here	Family Name Here	Family Name Here	Family Name Here
Case Notes completed within two business days?					
Case Notes concise, descriptive					
Collateral contacts documented					
Other contacts with family documented					
Referrals made documented					
Referrals acted upon by the family documented					
DAISEY updated during the home visit?					
Tracker or Notes include follow up needed					
Next home visit scheduled					

Appendix C: Site Visit Review Form – *Please note that this form is updated annually. For the most recent version, please contact your Contract Manager.*

MIECHV Contractor Review

Reporting Period

October 1, 20XX through September 30, 20XX

Name of Contractor:

Name of Subcontractor under review if applicable:

Names of Persons Participating in the Review:

Date of Review	
In person or Virtual site visit	
Contract Period	*October 1, 2023 - September 30, 2024*
Period of Time Reviewed	October 1, 2023 - site vist actual date

Evidence Based Home Visiting Model(s).	

Staff –

HHS Contract Manager list current key personnel from the workforce report in DAISEY:

Name	Position	Current - Correct	Notification received within 10 days	MIECHV FTE	Other FTE & funding source	Supervisors: # of staff supervising (which hvs) Family Support Professionals: Planned Capacity	State Staff: does the planned capacity per FTE align with model guidelines?	State Staff: does the supervisor to home visitor ratio fall between 1:4 to 1:6?	State Staff: Does the amount of supervision provided match the frequency of home visits?
		Yes	Yes	.5	.5, ECI				

Note: Any row that has "no" checked will need to be addressed in a follow-up plan developed by the contractor and approved by the IDPH contract manager and the program director. Family Support Direct Service Professionals cannot have less than 0.25 FTE in the MIECHV program.

S.1. Did any staff leave their positions during the report time period (full FY)? Yes No

Name	Position	Length of Employment in this position (months)	Primary Reason for Leaving*

Reasons for Leaving Position Code

1	Better paying job offer or better benefits
2	Increased job security
3	Promotion
4	Employment terminated
5	Personal reasons (includes health and family obligations)
6	Other (if code six is used, please provide the reason in the chart above)

S.1.b. If a Family Support Professional or supervisor left during the reporting period please describe how the organization ensured continuity of services to families and Family Support Professionals.

Note: If services were not maintained at the expected level, this will need to be addressed in a follow-up plan developed by the contractor and approved by the IDPH contract manager and the program director. If positions were open for more than 6 months, this will also need to be addressed in a follow up plan.

S.1.c. What is the process for keeping the DAISEY workforce report current and accurate?

S.2. MIECHV Family Support Professionals and supervisors will utilize the Institute for The Advancement of Family Support Professionals (institutefsp.org) to prepare for successful completion of the National Family Support Certification Exam(s).

Please complete the chart below to list all MIECHV program staff, if they are registered on The Institute for The Advancement of Family Support Professionals and if they have successfully completed the National Family Support Certification Exam.

Name	Registered on The Institute? Yes or No	Date Staff completed exam, if applicable.	Date Staff **successfully** completed exam, if applicable.	If staff **did not successfully** complete the exam, when do they plan to retake the exam?

S.3. What is the frequency of planned supervision that is made available to staff? (Do not include unscheduled/unplanned supervision.)

S.4. Describe how supervision is provided to staff:

S.5. Describe the supervisory process for ensuring data entry and reporting requirements are complete and accurate:

Note: Supervision must meet or exceed the frequency of home visits provided to families. If Family Support Professionals are expected to provide weekly home visits, then planned supervision must occur weekly. This expectation may exceed program model standards but is a contractual requirement. Supervision that is not occurring at the correct frequency or does not include data and reporting review will need to be addressed in a follow-up plan developed by the contractor and approved by the HHS contract manager and the program director.

S.6. Describe the program's vacancy plan for supervisors to ensure adequate supervision during a short term or long-term vacancy:

Parent Advisory Council (Per RFP and contract language: Establish and maintain a Parent Advisory Council. New applicants are required to establish a parent advisory council within the first 120 days of the contract period. Parent Advisory Councils must meet a minimum of quarterly. MIECHV Parent Advisory Councils may be combined with other parent councils that are already in existence in the community such as Head Start. Fifty percent or greater of the members of the Parent Advisory Council members must be current or past participants of an early childhood home visiting program.

P.1. Please describe the program's Parent Advisory Council. Describe program participant involvement as listed in contract:

P.2. If you do not currently have a Parent Advisory Council, please explain why you've been unable to implement a council and your plans to do so moving forward. This is a contract requirement.

If a Parent Advisory Council is not established and does not meet the requirements as stated this must be addressed in a follow-up plan developed by the contractor and approved by the contract manager and the program director.

Capacity - NOT to be completed by Contractor. Contract Manager will complete this section prior to site visit.

C. 1. Capacity for this contractor is _____ # of families. If applicable: Capacity for this subcontractor is _____ # of families.
C.2. Monthly total **MIECHV capacity** for this contractor/subcontractor:

Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August

C.3. At any time did the capacity fall below 85%?
C.4. Please have the contractor describe what issues they were facing that caused capacity to drop below 85%?
C.5. If capacity was below 85% more than four times during the past year, evaluate with the contractor if their capacity should be lowered.

Note: Capacity that falls below 85% for a quarter during the past year must be addressed in a follow-up plan developed by the contractor and approved by the contract manager and the program director.

Eligibility of Families Served

HHS staff will review eligibility documentation for 10% of planned caseload or five families whichever is greater. Eligibility for MIECHV funded programming is described in detail on page 5 of the MIECHV Operations Manual https://hhs.iowa.gov/media/10175/download?inline=

Initials of Family	Enrollment Date	Eligibility Established	Documentation submitted (reviewed by state staff)

Non-Engagement Discharge:

The process of a supervisory review after one month of no home visits shall occur for each one-month period without any completed home visits. The program shall discharge a participant after a total of three months of no home visits with no exceptions granted. It is **not** expected that all families will receive a three-month period for re-engagement in the program.

N. 1. Did the number of families on the over 90 days without a home visit discharge report for this contractor decrease over this reporting period?

N. 2 Describe the process for reviewing and exiting these families.

Web-based System This section will require proof of program policy and practice. Family Support Professionals should bring the devices they use for data collection to the review and be prepared to demonstrate how they utilize the web-based data collection system and complete assessments and screenings with families as well as demonstrate how they pull reports. MIECHV Operations Manual Policy #23.

WB.1. Does each Family Support Professional have a tablet, access to DAISEY and a wireless data plan?

Name of Supervisor or Family Support Professional	**Tablet/System information**	**Supervisor or Family Support Professional showed use of technology in practice, including *how they pull reports.***	**Comments**

WB. 2. Is each Family Support Professional entering data directly into DAISEY during the home visit when appropriate? Please explain any exceptions to when information is not entered directly into the web-based system.

WB. 3. Please list any paper form that you use other than the ASQ screening. Please provide the purpose of that form and why it must be used.

WB. 4. Do staff enter MIECHV data into any other data system? If yes, indicate what system(s) and why?

WB. 5. What is your program's plan for technology upgrades?

Data Security

DS.1. Do you employ at least two locks to protect confidential data? (computer lock and car lock when traveling. computer lock and office lock when in the office - as examples)

DS.2. What materials found within DAISEY do Family Support Professionals print on a regular basis? Please explain.

DS.3. Do Family Support Workers typically have hard copies of any documents that contain any Personally Identifiable Information?

DS.4. What type of data security training do you provide to the MIECHV staff? What is the frequency?

Fiscal - will now be covered through fiscal monitoring

Curriculum

C.1. What curriculum is the contractor using with participants (list all)?

C.2. Have staff received training on how to use the curriculum? YES NO

Community Partnerships

CP.1. Highlight up to three community partnerships.

Health Equity

HE.1. Share an example of how your program is involved in health equity in your community(s).

HE.2. If your program is not involved in health equity in your service area, how do you plan to get involved?

Mental Health Consultation

M. 1. Please describe your program's process with Mental Health Consultation (MHC), including who attends, how often you meet, etc.

M.2. Please share one MHC success story from this past FY.

CQI

CQI1. Please describe your program's involvement with the state-led CQI process, including which staff participates.

Coordinated Intake

Each contractor is required to develop a local coordinated intake system and participate in the statewide coordinated intake system.

CI.1. Please describe your Coordinated Intake system.

CI.2. Describe any changes you have made to your local coordinated intake system since the last site visit:

CI.3. What steps has the contractor taken to include the programs that do not participate?

CI.4. How many referrals were processed via the local coordinated intake system during the

previous month? _____ (exact number)

CI.5. How are you using the statewide Iowa Family Support Network Statewide Coordinated Intake System?

Note: Local Coordinated Intake system is a contractual requirement. Contractors that are not meeting this requirement will need to develop a plan for compliance that is approved by the contractor manager and the program director.

Home Visits

HV1. # In Person Home Visits per Contractor/Subcontractor _____

HV2. # Virtual Visits per Contractor/Subcontractor _____

HV3. How does the program determine when a virtual visit is used?

HV4. Is your program able to meet the prescribed number of home visits per month? Why or why not?

Technical Assistance Needs

TTA 1. Does the contractor have any unmet technical assistance needs? YES NO

Please describe:

HHS staff: Include in follow-up needed below.

HHS follow up needed. Please date and check when technical assistance requests have been completed. Add rows for each task.

F.up.1	**Person Responsible:**	**Date:**	**Check:**

Signature of MIECHV Contract Holder:	**Date:**
Signature of MIECHV Primary State Contact:	**Date:**

Signature of MIECHV Program Director:	Date:

Note: Any contractual requirements that are not being met will result in the requirement of the contractor developing a compliance plan within 30 days of receipt of this report. The assigned contract manager and program director will review the plan and approve or provide feedback to the contractor within ten business days after receiving the plan. The compliance plan must include each requirement that is not being met, action steps for meeting the requirement with timetable.