

# Home Visiting and Family Support Operations Manual

2025



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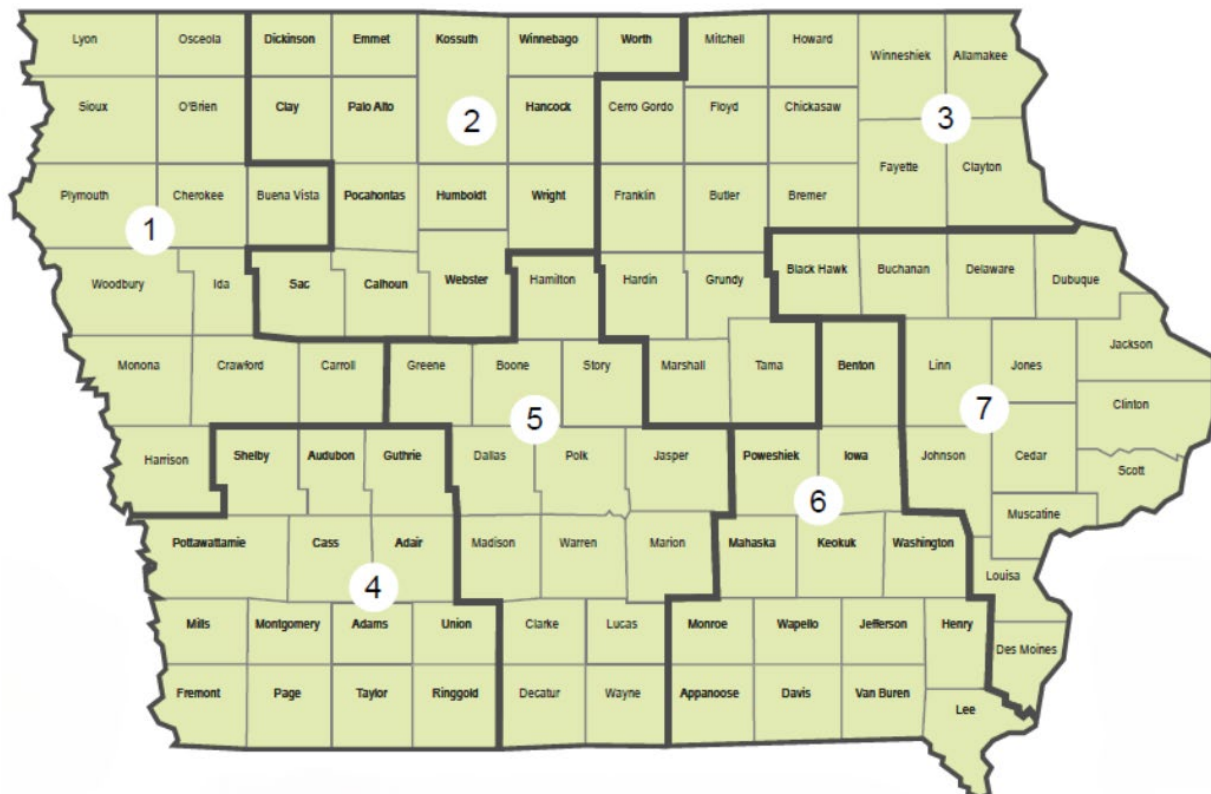
*The Early Childhood Iowa staff at the Iowa Department of Health and Human Services (HHS) has created this operations manual to provide easy access to important information for state funded home visitation programs. We welcome your suggestions of items to add and methods to make the manual more useful to you. **Please contact:** Amanda McKee at [amanda.mckee@HHS.iowa.gov](mailto:amanda.mckee@HHS.iowa.gov)*

## Overview

The first two thousand days make up the most critical stage of the human lifecycle. These first five years will impact a child's chances for success for the rest of their lives. Early Childhood Iowa (ECI) is a statewide initiative housed within the Iowa Department of Health and Human Services that unites public and private agencies, organizations, and stakeholders under one common vision, "Every child, beginning at birth, will be healthy and successful."

Early Childhood Iowa has legislated result areas which best reflect the needs of young children and families in Iowa. These five result areas include: **secure and nurturing early learning environments; secure and nurturing families; safe and supportive communities; children are ready to succeed in school; and healthy children.** These result areas are quantified by statewide indicators adopted by the ECI State Board. Statewide indicators help determine progress made toward achieving the result areas. Statewide indicators are population measurements and are usually collected by public agencies. Both the ECI State Board and ECI area boards select state-wide indicators to evaluate progress toward the five state result areas

## Early Childhood Iowa Districts



## Orientation Materials

### Early Childhood Background

Community Empowerment was established through bi-partisan support during the 1998 legislation session in an effort to create a partnership between communities and state government committed to improve the well-being of young children and their families. Over the past ten years, the Iowa Empowerment Board and Community Empowerment Area Boards steadfastly acknowledge the importance of a young child's early development and the significant impact from family and community. Community Empowerment is tenaciously engaged in efforts to unite agencies, organizations, business, and community partners to speak one message – **All children, beginning at birth, will be healthy and successful.**

During the 2005 and 2006 Legislative Session, legislators demonstrated a deeper understanding of the needs of children and their families and the early care, health and education system. Specific guidelines were placed on the School Ready Fund money and more carve outs were established. Additional preschool assistance dollars were allocated to ensure that children in poverty had access to a quality preschool program. Family Support funding, requiring a home visitation component, was set aside from the School Ready Funds to exclusively target families with children prenatal to three. In fact, the legislature determined that family support was of such importance that funding was allocated for a full-time Family Support Program funder at the Office of Empowerment.

In 2010, Legislation was passed to merge Early Childhood Iowa and Community Empowerment. The Designation process was replaced by Levels of Excellence. Federal Funds were utilized to develop the state Early Childhood Iowa advisory council (ECI Stakeholders Alliance). Funding changed from federal dollars to state in 2013. The state board was given the authority to change the funding formula while continuing to invest in family support home visitation. Beginning in 2025, HHS began building community pathways to draw down federal dollars, increasing prevention revenue for Iowans.

### Key Terms/Acronyms

- ECI: Early Childhood Iowa
- MIECHV: Maternal Infant Early Childhood Home Visitation
- 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
- ICAPP: Iowa Child Abuse Prevention Program
- IFSC: Iowa Family Support Credential

- Iowa Home Visiting 2.0 (IHV 2.0) Updated module for data collection to align with federal data collection requirements. Some programs began using this in FY26 with all Iowa state funded programs using in FY27.
- Title V: Maternal Child and Adolescent Health (MCAH) Program
- ECI 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
- FSSD: Family Support Statewide Database. Original module for data collection for state funded home visiting programs

## **Fidelity to the Model**

Iowa funds several evidence-based models to fidelity. Fidelity standards vary from one model to another. The provider is responsible for maintaining model status. The model developer is responsible for monitoring model fidelity. The evidence-based models Iowa has adopted for building their community pathway for prevention are home-based Healthy Families America, and Parents as Teachers. ECI also funds programs credentialed in our promising practice programs (IFSC), however, these are not eligible for IV-E funding. 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 their ability to mitigate the specific risk factors that were present in the community.

Model fidelity is essential, and that fidelity varies among programs. If you feel that HHS requirements impact fidelity to the model, the provider should contact your funder contact, the ECI 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.

The State of Iowa does not include model fidelity reviews in our onsite review process. HHS does receive documentation of our home visiting provider's adherence to the evidence-based model developer. The documentation is the most recent site visit report and any follow up corrective action plans.

Providers/subcontractors must use the eligibility criteria of the model. All the models fit within ECI guidelines which are prenatal through age 5, kindergarten entry. Providers shall serve families that meet the at-risk criteria established in Tool FF and described in the appropriate RFP the applicant was originally funded from. ECI eligibility is defined as:

- Have an income at or below 200% of the federal poverty level
- Have a parent that has achieved a high school diploma or less

- Have a child that has a current Iowa Family Service Plan (IFSP) or Individualized Educational Plan (IEP)

When there is a conflict between the ECI 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.

Providers may only implement the evidence-based home model(s) designated in their original application and as approved by the HHS or the local board. 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 for funded programs. Examples of adaptations include, but are not limited to, additional services, or curriculum modifications or participation in a research activity not sponsored by HHS.

Providers 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 state and federal funders.

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

## **Workforce Report**

The Workforce Report helps HHS know where home visiting providers are in the process of hiring and retaining staff. We ask providers to complete the initial Workforce Report, located in the DAISEY data system, 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 funder 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 people leave positions. Requested changes to the full-time equivalency shall also be reflected in the budget.

## Contractual Obligations

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

Providers will work directly with local board staff on transmission of expenditure reports and claims. The Provider acknowledges that all assigned individuals have access to components including contractual forms, reporting forms, and claims submission.

Providers 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, ECI 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 primary funder contact. 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 provider to seek legal counsel.* If a provider plans to issue a subcontract to carry out a portion of the work outlined in the ECI contract, all subcontracts must be approved by local board staff 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 funder contact.

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 provider 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.
- 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 throughout the subcontract should be clear and consistent.
- Terms and conditions should be numbered.
- If the provider 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

Provider submits the subcontract(s) electronically to their local board staff directly. The Early Childhood Iowa staff will review the subcontract for required elements. The ECI Staff 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 ECI.

### Communication Protocols

All providers will work with the ECI Local board Director and/or Family Support Program funder who serve as their first point of contact with ECI. The Local board Director will communicate directly with the provider'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 provider leadership via email.

Questions or concerns regarding day-to-day operations should be communicated between the Program and the ECI Local board Director and/or Family Support Program funder. A minimum of quarterly calls or in-person visits will occur between each home visiting provider and their local board family support program funder.

### ECI All Provider Meeting

Provider meetings are held quarterly with local board staff. Provider meetings are offered via teleconference or in person. It is required that someone from the contracting agency and subcontracting agency(ies) participates in all Provider meetings. We encourage all ECI staff, including providers 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 ECI providers.

Additionally, the state technical assistance team by host meeting or webinars around benchmarks, Daisey, etc. Provider attendance at state calls is strongly encouraged.

## **Required Trainings**

- DAISEY trainings (See DAISEY section)
- Annual benchmark training at an all-Provider meeting
- Institute for the Advancement of Family Support Professionals trainings
- Home visitation model specific required training
- National Family Support Certification
- Training associated with the successful implementation of assessment and screening tools

## **Assessments or Screening Tools**

The schedule requirements for the below assessments can be found in the FSSD Iowa Data Dictionary: [here](#)

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

- Life Skills Progression, Second Edition (Certified Trainer)
- ASQ3 and ASQ:SE2 (Certified Trainer)
- AOD (Alcohol and Other Drug Screening) *Required for programs using IHV 2.0*
- Relationship Assessment Tool *Required for programs using IHV 2.0*
- Edinburgh Postnatal Depression Screening (Approved Trainer)
- 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)
- Enrollment and Annual Service Reports via Parent Interview (This information will be obtained through natural course of service delivery.) *Required for programs using IHV 2.0*

## **Technology Requirements**

- State identified data collection system for FSSD- DAISEY(original) or Iowa Home Visiting(IHV)2.0 Module (pilot in FY26)

- 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](#)
- FSSD staff are required to use DAISEY as it was intended.

DAISEY Is the state-identified data collection system for FSSD. It is also the state-identified data collection system for all family support programming in the state of Iowa. 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 home visitors will complete assessments and screening tools with families in the home digitally and not use a paper copy. If cases where that is not an option, and paper assessments are used, data must be deidentified and locked/secured.

## **The Role of the Supervisor**

FSSD home visiting providers are contractually required to provide regular supervision.

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 include 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 not complete unless written feedback is provided to the home visitor. 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. Best practice is to complete regular file reviews as a part of regular supervision meetings. Reports within the DAISEY data system are also a good support 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.

## **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 corrective action plan, a reduction in capacity and funding or contract termination.

## **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. ECI serves at-risk families 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.

## **Resources**

- Iowa Administrative Bulletin:  
<https://www.legis.iowa.gov/docs/publications/IACB/854963.pdf>
- HHS Family Support website: <http://HHS.iowa.gov/family-health/family-support>
- The Institute for the Advancement of Family Support Professionals: [institutefsp.org](http://institutefsp.org)
- PEW Charitable Trust Home Visiting Campaign:  
[http://www.pewcenteronthestates.org/initiatives\\_detail.aspx?initiativeID=52756](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](http://www.hrsa.gov/grants/manage/homevisiting)
- Home Visiting Evidence of Effectiveness (HomVEE): <http://homvee.acf.hhs.gov/>
- ECI TARC: <https://www.edc.org/ECI-technical-assistance-resource-center>
- National Home Visiting Resource Center: <https://nhvrc.org/>

## **IHV Program Staff**

- Amanda Winslow, Bureau Chief, Early Intervention and Supports:  
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## Iowa 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 Parents as Teachers (PAT) for building community pathways for prevention.

### 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. Healthy Families America.

<http://www.healthyfamiliesamerica.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. Parents as Teachers is provided in Iowa communities when families do not meet the eligibility guidelines for Nurse Family Partnership or Healthy Families America.

<http://www.parentsasteachers.org/>

A comprehensive list of PAT program requirements can be found at: [Updates to the Essential Requirements, PAT Records, and Affiliate Performance Report \(APR\) - Parents as Teachers](#)

## Definitions and Acronyms Commonly Used in Iowa Early Childhood Programs

***“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. 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. 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 Monday – Friday 8 am-6 pm 1-888-IAKIDS1 (1-888-425-4371). 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. 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 ECI and most non-ECI family support programs in Iowa. The ASQ3, ASQ-SE2, AOD, EPDS, the Relationship Assessment Tool and LSP should 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.

### **DAISEY**

All new 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 FSSD Data Dictionary](#) includes guidance on demographic, quarterly report, 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 [Assessment Flowchart](#) provides visual guidance for timely assessment completion.
- 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](mailto:daisey.iowa@ku.edu). For programmatic DAISEY questions, please follow the [DAISEY chain of command](#).



### Data Review

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

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 are subject to change annually. HHS suggests that each contract has one to three performance measures.

Performance is monitored and discussed during regular contract monitoring calls with the primary funder contact. The Home Visiting Epidemiologist reports on each home visiting provider's performance quarterly and determines which providers have exceeded and which have fallen short of performance expectations.

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

### Programmatic Onsite Visits

Funders will provide an annual site visit each year to each home visiting provider. These may be completed in person or virtual. During an onsite review will be completed to ensure contract adherence. Areas found out of adherence will be addressed in a corrective action plan. Corrective action plans are designed to be developed in conjunction with HHS by the home visiting provider. All corrective action plans are reviewed and approved by the ECI Local board Director as well to ensure consistency across the FSSD programs statewide.

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 ECI program
- Methodology or documentation to determine eligibility
- Do dates of home visits in case notes match mileage documentation

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

## **Policy #1: Transferring Participants between Funding Streams**

**Effective Date:** 07/01/2025

### **Policy**

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 ECI-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 ECI program distorts the ECI results and can be very disruptive to the enrolled families.

We cannot control all the previous experiences that participants may have when they enroll in the ECI 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 EHS program from 2016 – 2017. The JONES family (already funded by ECI) has contacted the agency in 2018 and would like to enroll in EHS again. The JONES family qualifies for EHS and may be served by the program using the ECI funding stream.
2. Participant SMITH was served by the EHS program from 2008 – 2010. The SMITH family contacted the agency in 2011 and re-enrolled in the EHS program. The EHS program now receives ECI funding. The program in July 2012 would like to move this family to an ECI-funded slot. In this situation the answer is no, they cannot be moved to an ECI-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 primary funder contact to request technical assistance.

## Policy #2: Non-engagement Discharge

**Effective Date:** 07/01/2025

### Explanation

Included in this policy are clarifications regarding discharging families from your ECI-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. Providers 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 based on service level, at a minimum of biweekly, until the last 6 months of service. The home visitor should be prepared to go to the home and to deliver services for each scheduled home visit.

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, phone messages, and home visits.

### 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.

According to PAT model policy, occasionally, families encounter situations that temporarily prevent them from participating, for example, medical issues or short-term relocation. Affiliates indicate this “Hold” period on the Family Information Record.

- The hold must be initiated by the family and based on the family’s situation.
- It cannot be used when there is a staffing issue, such as when there is staff turnover, or a parent educator is on leave.
- The “Hold” period only stops the clock on the expected number of personal visits. All screenings and assessments continue to be expected as required.
- A family can have up to three “Hold” periods during their enrollment.

### 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 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 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. Programs may use their own documentation method if it meets the criteria listed above. 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

Exceptions to this policy are rare and must be approved by the program funder.

### Technical Assistance

Please contact your program funder to request technical assistance.

## **Policy #3: Transferring Families**

**Effective Date:** 07/01/2025

### 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 ECI 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 ECI 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 provider shall consider other appropriate early childhood supportive services in the event that there are not any home visiting services currently available. The provider 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 funder contact for technical assistance.

## **Policy #4: Dual Enrollment**

**Effective Date:** 07/01/2025

### **Policy**

Federal policy restricts ECI families from receiving services through more than one ECI-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 ECI-supported home visiting programs, so they are not inadvertently referred to a second ECI-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 ECI counties, dual enrollment in a ECI-supported model program and a non-ECI supported model program is strongly discouraged but may be allowed in rare circumstances. In these cases, the ECI-supported program shall document the rationale for enrollment in both programs and work in partnership with the non-ECI 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 funder contact to request technical assistance.



## **Policy #5: Re-enrolling Participants after a Negative Discharge**

**Effective Date:** 07/01/2025

### **Policy**

Providers shall only allow a family to re-enroll in the same ECI-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-ECI funded home visiting program administered by the same organization that is also a ECI provider. Ms. Brown was served by the non-

ECI funded program in the past and was discharged for a negative reason. The ECI 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 ECI 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 funder contact to request technical assistance.

## **Policy #6: Home Visit Dosage**

**Effective Date:** 07/01/2025

### Policy

ECI strives to serve the families in communities with the greatest need. Therefore, it is expected that families will be scheduled to receive a minimum of biweekly home visits. As a family is preparing for discharge, home visits may be reduced to monthly in the final six months of service. The policy also takes into consideration that at-risk families do not always keep their scheduled appointments which will in turn challenge the home visitor to deliver the correct dosage.

### 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 funder contact to request technical assistance.

## **Policy #7: Capacity Expectations**

**Effective Date:** 07/01/2025

### Policy

Each ECI contract contains a specific family capacity that the provider 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 provider 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 providers are granted a grace period of the first year of their contract to reach full capacity.

ECI providers 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 with local board staff.

ECI providers that fall below 85% 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 in partnerships with local boards and HHS staff 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 by the funder. A letter from HHS to the contract holder will document their ineligibility to respond to a request for applications for ECI.

### Exception to Policy

An exception to policy may be considered by the family health bureau chief if unusual circumstances have occurred that impact the provider's ability to reach or maintain family capacity.

### Technical Assistance

Please contact your program funder to request technical assistance.

## Policy #8: Missing Required Data

**Effective Date:** 07/01/2025

### Policy

All ECI home visiting providers are required to report data for the Iowa performance measures plan in the HHS data system (DAISEY.)

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 provider.

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 ECI program such as eligibility. Families that refuse to provide that information may not be served in the program.

Local implementing agencies (home visiting providers) 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.

Providers 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.

Providers 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 funder contact to request technical assistance

## Policy #9: Parameters for Home Visits

**Effective Date:** 07/01/2025

### 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. 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. An alternate location may also include electronic visits utilizing a video conferencing platform. 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.

If an electronic platform was utilized, home visitors must select "Video Conference" as the location of the visit. 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 45 minutes shall include additional information 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. Programs may use their own supervision or compliance review form.

### 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. Local ECI directors 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 program funder to request technical assistance.

## **Policy #10: Communication with Home Visiting Providers**

**Effective Date:** 07/01/2025

### **POLICY**

Each home visiting provider will complete a site visit of each home visiting program at least annually with the funder. Site visits may be conducted using video conferencing software applications. The visit is dedicated to a programmatic review of contract compliance and 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 with the provider and kept on file. Any area not in contract compliance requires a compliance plan to be completed by the program in partnership with the primary funder contact. To ensure consistency across all providers the 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.

Communication occurs between the ECI board/director staff and the contract holder. The contract holder may invite their subcontractors to participate in meetings and are encouraged to do so.

### **Required Documentation**

ECI directors will maintain records of agendas and meeting notes of all planned meetings with providers.

### **Exception to Policy**

N/A

### **Technical Assistance**

Please contact your program funder to request technical assistance.

## **Policy #11: Vacancy Plan for Home Visitors and Supervisors**

**Effective Date:** 07/01/2025

### Policy

Each home visiting provider is required to develop and adhere to a position vacancy plan in their proposal/application. The vacancy plan must assure local boards 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 ECI grant applications and are reviewed for adherence at annual onsite reviews. Vacancy plans shall also be reviewed when a home visiting provider 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 provider shall notify local boards of any positions that have not been filled within 12 weeks. The notification shall include documentation that the provider has followed their approved vacancy plan for filling an opening. The notification shall also include what additional steps the provider 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, local board review of adherence to vacancy plan at annual programmatic review.

### Exception to Policy

N/A

### Technical Assistance

Please contact your assigned ECI board to request technical assistance.

## **Policy #12: Background Checks Required**

**Effective Date:** 07/01/2025

### 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 ECI program places the same requirement on its home visiting providers. 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 provider 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. Local Boards 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 program funder to request technical assistance.

## **Policy #13: National Family Support Exam and Certification**

**Effective Date:** 07/01/2025

### 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 provider 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 program funder to request technical assistance.

## **Policy #14: Supervision Frequency and Quality**

**Effective Date:** 07/01/2025

### Policy

ECI home visiting providers are contractually required to provide regular 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 tool or model specific observation form for their observation and to provide feedback to the family support professional.

All ECI 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

### 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 local funder to request technical assistance.

## Policy #15: Identifying Target Child in DAISEY

**Effective Date:** 07/01/2025

### 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 ECI collects. 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 provider and/or subcontractor must label the intended target child upon initial enrollment. The documentation is subject to a record review by the funder and local board staff.

### 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 ECI 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. ECI providers 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 program funder to request technical assistance.

## **Policy #16: Data Security**

**Effective Date:** 07/01/2025

### Policy

Confidential ECI 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.
- In instances where paper assessments/documents are utilized, the agency will ensure forms are deidentified of client information and locked when transporting. Documentation recorded in Daisey should be shredded once data transfer is completed.

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

Any real or perceived data security breach must be reported to the primary funder contact within 24 hours of the occurrence. The assigned primary funder contact 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, ECI program.

#### Technical Assistance

Please contact your program funder 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: <b>JC Jones</b>
Name of Family Support Professional: <b>Becky Smith</b>
Name of Direct Supervisor: <b>Laurel Rogers</b>
Date of Supervisory Review: <b>1/3/22</b>
Is this a One month review_ , Two month review , Three month review <b>x</b>

### 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 – October 2021	No HVs completed			
Month Two – November 2021	11/4/21	Thursday	4:00 pm	
Month Three – December 2021	12/28/21	Thursday	4:00 pm	

	12/14/21	Thursday	3:00 pm	
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### 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 – October 2021	10/23/21	Thursday	4:00 pm	
	10/14/21	Tuesday	9:00 am	
	10/10/21	Friday	12:00 pm	
	10/3/21	Friday	1:00 pm	
Month Two – November 2021	11/11/21	Thursday	2:00 pm	
	11/18/21	Thursday	1:00 pm	
Month Three – December 2021	12/7/21	Thursday	1:00 pm	
	12/21/21	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 completed month? (Supervisory review is triggered)

### DAISEY ECI 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 and recorded within DAISEY 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

### FSSD Provider Review

#### Early Childhood Iowa Local board

Name of Provider:

Name of Subcontractor under review if applicable:

Names of Persons Participating in the Review:

Date of Review:

Period of Time Reviewed:

Model Implemented:

Accreditation/Credential Status:

#### Staff

<u>Name</u>	<u>Position</u>	<u>FSSD FTE</u>	<u>Planned Capacity</u>	<u>Correct in Daisey Workforce Report</u>

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

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

#### Reasons for Leaving Position Code

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

**xii. FSSD Goal 3.** Home Visiting Professionals possess the core competencies required to be effective in their positions.

Please complete the chart below to list all FSSD 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?	Date Staff completed exam, if applicable.	Date Staff <b>successfully</b> completed exam, if applicable.	If staff <b>did not</b> <b>successfully</b> complete the exam, when do they plan to retake the exam? Or Waiver Status

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:

S.6. Describe the programs vacancy plan for supervisors to ensure adequate supervision during a short term or long term vacancy

### **Capacity -**

C. 1. Capacity for this provider is _____ # of families. If applicable: Capacity for this subcontractor is _____ # of families.											
C.2. Monthly total capacity for this provider/subcontractor:											
July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
C.3. At any time did the capacity fall below 90%?											

C.4. Please have the provider describe what issues they were facing that caused capacity to drop below 90%?

C.5. If capacity was below 90% more than four times during the past year, evaluate with the provider if their capacity should be lowered.

*Note: Capacity that falls below 90% more than four times during the past year must be addressed in a follow-up plan developed by the provider and approved by the contract manager and the program director.*

#### **Eligibility of Families Served**

ECI Local board Staff will review eligibility documentation for 10% of planned caseload or five families whichever is greater.

Initials of Family	Enrollment Date	Eligibility Established	Documentation

#### **Non Engagement Discharge: 1.3.1.4**

This section will require documentation of families who have zero home visits completed in 30 days who in turn required a supervisory review to determine the best course of action for re-engagement.

Initials of Family	Family Support Professional	Date of Supervisory Review(s)	Result	Documentation reviewed by state staff?

#### **Fiscal**

F.1. Is the provider using approximately 1/12 of their budget each month? YES NO

F.1.a. Is the provider seeking reimbursement for expenses monthly? YES NO

F.1.b. Are there any significant variations from the planned budget to actual expenditures? YES NO

F.1.c. (Skip if the answer to F.1.b. is NO) What rationale has the provider provided for the significant variations in the expenditures from the budget?

### **Curriculum**

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

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

**FSSD Goal 2:** Strengthen leadership, collaboration and coordination of early childhood partners for the integration of a comprehensive Early Care, Health and Education system.

*Specifically talk to us about:*

CP.1.a. Domestic Violence:

CP.1.b. Substance Abuse Treatment:

CP.1.c. Mental Health Providers (adult and children):

CP.1.d. Child Abuse Prevention Council:

CP.1.e Maternal Child & Adolescent Health program:

CP.1.f. Other Significant Partners?

CP.1.g Discuss what has been provided the past year as necessary supports to the primary activities or operation of programming during the pandemic.

### **Coordinated Intake**

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

CI1. Describe any local coordinated intake systems (if there is none, explain how referrals are received to program):

CI2. Have any additional programs joined the coordinated intake system?



CI5. How many referrals were received during the previous month? \_\_\_\_\_ (exact number)

CI6. How are you using the statewide Iowa Family Support Network Statewide Coordinated Intake System?

**Technical Assistance Needs**

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

Please describe:

**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:
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Signature of ECI Contract Holder:	Date:
Signature of ECI Program Director:	Date:

**Note: Any contractual requirements that are not being met will result in the requirement of the provider developing a compliance plan within 30 days of receipt of this report. The assigned ECI Local board Family Support Program funder and program director will review the plan and approve or provide feedback to the provider 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.**