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# **Healthy Families New York/ Home Visiting Program**

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## **Supervisor Guidelines for HFNY Data Form Sign-offs**



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## General Review Questions

Does the information on the forms make sense based upon what you have learned from the FSW in supervision and based on your personal experience with the family?

Will it make sense to the Data Manager?

- Is it easy to read?
- Did worker use dark blue or black ink pen?
- Are all the check marks able to be connected with a box or item?
- Are there blank items that should be filled in?
- Do the items that are corrected by the FSW have a line through them with their initials? No whiteout or erasing.
- Do FSW's use capital letters in the PC1 ID?
- Will the data manager have to make any decisions about what the form is telling them? (They should not have to make any decisions about what the form says.)
- Are all required items filled in?
- Do all blank items have Supervisor initials next to them verifying that you have discussed this with the FSW and it is not possible to get this information at this time without doing harm to the relationship with the family or because there is a special circumstance the prohibits the collection of this information?

Are the important items filled in that are needed for Performance Targets or other essential reports?

Is feedback (both good and areas for improvement) provided to FSWs at least once per month in supervision or at general staff meetings regarding the quality of the paper work being submitted?

## **Supervisor Review of Specific Forms**

### **Screen Form**

- Are all four required items filled in? (Name, DOB of parent, DOB of Target Child and Screen Date)
- Is item 11. Name of Referral Source filled in from the Referral Source list?
- Is there an outcome?
- If positive and referred, is name of FAW filled in?
- Sign-off on all blanks
- Make sure address is complete

### **Pre-Assessment Form**

- Do all the activities have numbers (including 0's and no check marks)?
- Is there an outcome?
- If outcome 2. Assessment Complete, is the Kempe attached to the Pre-Assessment form?
- If FSW assigned, is the date on or after the Kempe date and is it within 30 days of the Kempe?

### **Kempe Assessment Form**

- Are all scores filled in?
- If Issues 41a, b, d, e, g – a referral needs to be made within 6 months of enrollment as per performance target.
- Sign-off on all blanks.
- Make sure address is complete

### **Pre-Intake Form**

- Do all the activities have numbers (including 0's and no check marks)?
- Is there an outcome?
- If outcome "Parent Enrolls" is the Identification and Contact form, consent form and a home visit log for the day of enrollment attached?

### **Identification and Contact Form**

- Double check to make sure there is or there is not a PC2
- Sign-off on all blanks.
- Make sure address is complete

### **Intake Form**

- Must be entered in computer before Target Child Identification and Birth outcomes
- Double check whether there is or is not a PC2
- Sign-off on all blanks.
- Make sure all the items checked as "Other" have something in the "Specify" space

- Verify that the performance target items for Education, Employment, Benefits and Medical provider are completed
- Make sure every “Health Insurance” item and every “Family Benefits” item has an answer, especially when “No”
- If “Other” Health Insurance is checked, make sure this is not a private insurance or a name for a Medicaid HMO.
- Check Child Health Plus if Mother has Family Health Plus
- Make sure the TANF Eligibility item is answered appropriately
- Check to make sure the other children have both names recorded
- Verify that a participant is or is not on TANF.

#### **Target Child Identification and Birth Outcomes Form**

- If multiple birth, multiple forms are to be filled out
- If Premature, gestational age must be completed
- Sign-off on all blanks, if not optional items
- Although weight of baby and start date for prenatal care is not required, it should be filled in
- Check to see if the FSW completed page two
- Make sure every “Health Insurance” item has an answer, especially “No”
- If “Other” Health Insurance is checked, make sure this is not a private insurance or a name for a Medicaid HMO.
- Medical provider is a performance target item

#### **Target Child Medical Form**

- If multiple birth, multiple forms are required
- Check shots, well-baby visits and especially Lead Assessment as this is a performance target item.
- Sign-off on the last page

#### **Parental Stress Index (PSI)**

- Check for more than one blank in each section (PD, P-CDI, and DC). If more than one in any section, form is invalid
- On the Birth/Intake PSI, if score is over 85<sup>th</sup> percentile on P-CDI or Total Score, this Mom will be tracked in Performance targets for 6 & 12 month PSI
- When multiple births, Mom pick one child to use for the Birth/Intake PSI and use that child for each subsequent interval. Only one PSI is done at each interval, unlike the ASQ.

#### **Home Visit Log**

- Did this visit actually occur? Are there case notes as proof?
- Visits less than 30 minutes can not be entered in computer
- If less than one hour, encourage visitor to try for one hour next time.
- On a sample of forms, check with worker about why they checked certain activities (this is a reality check)
- Type of visit and who participated in visit are important items

- Make sure Supervisor is not included in Other
- Make sure it truly was an “Attempt” (FSW must go to home)

### **ASQ Form**

- One ASQ for each multiple birth target child
- If at least one under cutoff score, must have referral marked to meet performance target
- Must be reviewed by Child Development Specialist
- If Target Child starts EIP service, use Change form to indicate this if the form has been put into the computer with “No”

### **Follow-up Form**

- Make sure there is or there is not a PC2
- Only one Follow-up form when multiple births
- Check the Performance Target items for accuracy: Education, employment, medical provider, benefits, breast feeding
- Make sure all the items checked as “Other” have something in the “Specify” space
- Check the TANF Eligibility item
- If PC1 or Target Child ER and Hospitalizations are blank or 0, ask FSW if they have checked with the Mom lately about this
- Do not attach the “Additional Job” page if it is not needed
- When reviewing a discharge follow-up form, make sure all other forms have been completed regarding the discharge (service status sheet, all remaining home visit logs, service referrals, etc.)
- Check Issues section. They should not all be “No”
- Sign-off on all blanks.

### **Service Referral Form**

- Make sure the entry on the form is indeed a referral, not an activity of the program
- Check for blanks in service code, type of referral, who is being referred
- Referrals do not necessarily have outcomes when entered in the computer
- Check dates of old referrals and determine if there should be an outcome the “Referrals needing follow-up” report helps with this)
- If Kempe Assessment Issues 41a,b,d,e,g – a referral needs to be made within 6 months of enrollment as per performance target

### **Service Status Sheet**

- Check to make sure discharge reason makes sense
- If on Level X at discharge, make sure participant has been on this level for at least 93 days or reason for closure must be Moved or Refused.

### **Change Form**

- If name is changed, check “name changed”. If error in name, make sure “typo” is checked
- Level change criteria must accompany level change

**Worker Information on Hire Form**

- All new workers must complete

**Worker Information Change Form**

- If worker is terminated, make sure all paperwork for worker is entered in computer before submitting this change form for data entry.
- All new Supervisors must submit this form with Supervisor First Service Event date (first day Supervisor supervises FAW/FSW)