

**HFO Program Policy & Procedure Manual Changes**

**2015**

* Updated formatting as requested by local sites
* Updated State System Organization
* Added all 2nd and 3rd order standards that were omitted
* Removed some duplicative local procedures as requested by local sites
* Changed “Program Manager or designee” to “Program Manager”
* Changed “screeners” to “eligibility screeners”
* Family Manager references changed to HFO Statewide Database
* Added “In Accordance with HFO Aligned QA Calendar” for all required plans and analysis
* Updated form names, italicized for easy reference
* Added HFA Intent to some Critical Elements to expand clarification
* Changed Action Tools to “Reflective Strategies (Action Tools)” to align with HFA language
* Moved Glossary to the beginning of document to encourage use and added glossary definitions
* CE 1-1.A, 1-1.B and 2-1.A:Updated to align with new target population and service priorities
* CE 1-2.A: Increased clarity regarding NBQ screening process for each local site
* CE 3-1.A: Expanded language for clarity regarding consent
* CE 3-2.A and B: Clarified to align with HFA standards for engaging and retaining families
* CE 4-1.A: Added language around local procedure to monitor home visit record completion and increase support if needed for HV’s timely documentation
* CE 4-2.A: Added new level change criteria
* CE 5: Updated with expanded content from HFA BPS
* CE 5-3: Updated to include local expectation of cultural competency training and not equity specialist
* CE 6: Added detailed intent to help sites with statewide opportunity for growth in this area (health and safety, content and documentation of home visits)
* CE 6: Added new timeframe from HFA of Parent Survey completed in one visit within 30 days of the first home visit.
* CE 6-1: Added completion of at least 3 Parent Survey Inter-Rater Reliability by supervisor for the first 3 Parent Surveys completed by new staff.
* 7-3.A: Changed to just a state policy (provide information, referrals, linkages) to align with HFA standards and expanded to offer more guidance on documentation regarding linkages to services.
* CE 7-4.A: Expanded information on addressing challenging issues for increased guidance for sites. Local procedure removed.
* CE 8-1.B: Added HFA recommendations for best practice for caseload.
* CE 9-1.C: Added that sites are required to notify and send postings for any HFO hiring activity to Central Administration
* CE 9-4: Clarified staff satisfaction and retention plan and guidance
* CE 10-1: Expanded for clarity and duplication was removed from 10-1.A to 10-1.F
* CE 10-2: Added local stop gap procedures for all areas
* CE 11: Clarified using HFO Required Training log and additional trainings, annual training plan
* CE11-1: Updated initial, annual and individual training plans for each site (statewide opportunity for growth in this area)
* CE 12: Expanded and clarified QA Activities for increased guidance in response to statewide challenge in completing QA activities, added Medicaid monitoring. Formal family file review changed from one year to every six months
* CE 12: Added guidance on supervision notebooks
* CE 12-2: Added guidance on using the Home Visitor Development Plan for challenges with home visitors
* CE 12-2: Added QA activities required for program manager with supervisor (shadowing supervision each year)
* CE 12-4: Added additional PM duties that were not present and added .5 FTE requirement
* GA-3.A: Overall updates of State Quality Assurance Plan, Site Work Plan
* GA-5.A: Expanded confidentiality and ROI information, clarity as asked for from sites
* GA-6.A: Asked sites to include written policy/procedure for reporting child abuse and neglect as this is an issue of sites not knowing their procedure
* GA-6.B: Separated local procedure for initial training and annual training for local sites
* GA-OR updated to reflect current changes in contracts, etc.
* Sites will attach local child abuse/neglect reporting procedures
* Sites will attach their local Initial Training Plan for newly hired staff
* Updated new HFA changes as of 4/2015. The following were added:
1. The old 6-3.B regarding use of CHEEERS and PCI is now split into 6-3.B and a new 6-3.C. There are no new expectations regarding how home visitors are to assess, address and promote PCI. Instead 6-3.B is now focused only on assessing PCI using CHEEERS, while 6-3.C is focused on how PCI is addressed and promoted.
2. GA-4 is now GA-4.A and GA-4.B. Primarily this splits the previous policy and practice that was combined in one standard into two standards (A. being policy and B being practice).
3. GA-7 is now GA-7.A and GA-7.B. As above the change is primarily centered on splitting policy and practice. There is also more emphasis to ensure families are provide grief support in the event of a death.
4. GA-9 requires sites to have HFAST data entered and up-to-date and will be rated by HFA National Office staff after peers submit the SVR.
5. GA-10 requires that sites have all fees owed to the National Office paid and up-to-date and will be rated by National Office staff after peers submit the SVR.