

100-40 ENROLLMENT**PURPOSE**

To ensure that the California Home Visiting Program (CHVP) requirements for enrollment and the first home visit are clearly outlined for local CHVP staff.

POLICY

The local CHVP sites must follow the enrollment guidelines based on CHVP and Healthy Families America (HFA) or Nurse-Family Partnership (NFP) procedures.

PROCEDURE

- I. Enrollment in the local CHVP site is complete once the participant:
 - A. Participates in a face-to-face visit with the home visitor at the participant's home, the place where the participant is residing or in a private setting outside the participant's home;
 - B. Complies with the basic elements of a home visit (see Definition below);
 - C. Signs required NFP or HFA model consent forms; and
 - D. Signs the CHVP Authorization for the Release of Personal and Health Information Client Consent Form (CHVP Client Consent Form), which allows the State CHVP to access all information collected on the client (participant) and family members by local CHVP staff.
 1. **Note:** the CHVP Client Consent Form cannot be modified or substituted by any other form and is required for enrollment, but does not obligate the participant to answer all questions resulting in data that is reported to the State CHVP.
 2. For guidance on parental notification for minor's requirements, refer to 100-10 Consent and Confidentiality Rights of Minors.
- II. Refusal of Services

Those participants who refuse home visiting services should be offered alternative program information and alternative community-based services by home visiting staff.
- III. Caseload Levels
 - A. Local CHVP sites must comply with the caseload requirements as outlined in the CHVP Scope of Work.
 - B. When caseload levels fall below 85 percent of the requirement, Program Consultants will provide monthly technical assistance calls to the site.
 - C. When maximum caseload capacity is reached, participant referrals to other programs are made based on communication between programs and providers about available space. When an opening becomes available for enrollment into home visiting and if limited slots are available, referrals may be given priority based upon need, risk,

gestational age, location, language or based on the site's triage system or wait-list criteria.

IV. Special Circumstances

- A. *Incarceration*: An incarcerated participant may enroll or have continued enrollment in the CHVP if she will be in a detention center or the county jail (not prison) for less than three months.
- B. *New Guardianship*: If a participant loses guardianship of the index child and full-time care transfers over to another adult (i.e., participant becomes incarcerated and custody is transferred to father of the baby), forms intended for the mother of the baby (Edinburgh, WEB, etc.) are not required to be collected for the new guardian. However, please still collect all child data forms.
- C. *Multiple Births*: In families with multiple births, the first born is designated as the index child. The other infant(s) should have forms/assessments collected at the appropriate intervals, but it must be noted on the forms that data collection is for the non-index child(ren).
- D. *Re-Enrollment in HFA Programs*: Participants can be re-enrolled under the same case number in the HFA under two circumstances: (1) A screen or Parent Survey was completed, but the participant never enrolled in HFA and they are returning with the same pregnancy or child, as long as the child is less than 3 months of age or (2) the participant was previously enrolled and dismissed in HFA but wants to return to the program within 3 months of their dismissal date for the same pregnancy or with the same child. If the participant has been dismissed and is returning with a new pregnancy, they would be assigned a new case number and considered a new participant.
- E. *Re-Enrollment in NFP Programs*: Participants may be re-enrolled under the same case number in NFP if the participant was enrolled previously with the same pregnancy or child as long as the child is less than 24 months of age and returns to the program within 3 months of their dismissal date for the same pregnancy or with the same child. If the participant has been dismissed due to infant death and is returning with a new pregnancy, the case should be evaluated by the NFP National Service Office (NSO) and the CHVP Program Consultant informed of the decision.

DEFINITION

I. Basic Elements of a Home Visit

A home visit is defined as a face-to-face interaction that occurs between the participant or the family and the home visitor (as defined by NFP or HFA models) and typically includes the following features:

- A. Occurs in the home as defined under Procedure I-A above;
- B. Lasts about 60 to 90 minutes;

- C. Occurs with the child present and preferably awake for non-pregnant participants; and
- D. *Specific to the NFP model:* The nurse home visitor uses the NFP visit-to-visit guidelines tools for delivering program content; or
- E. *Specific to the HFA model:*
 - 1. Some aspects of the model goals of promoting positive parent child interaction, healthy child growth and development, and enhancing family functioning are addressed;
 - 2. CHEEERS is completed in full; and
 - 3. The visit is documented in the Participant Contact TouchPoint (home visiting log).

REFERENCES

- NFP Model Elements 1-6
- NFP Community:
 - NFP Data Collection Manual
- CHVP Supplemental Program Dashboard in ETO:
 - CHVP Supplemental Data Collection Manual For NFP Sites
 - ETO User Manual For NFP Sites
- HFA Best Practice Standards Critical Elements 1-4
- HFA Dashboard in ETO:
 - CHVP Data Collection Manual, HFA Sites
 - ETO User Manual For HFA Sites