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EDMUND G. BROWN JR.
Governor

DATE: June 30, 2017

TO: CALIFORNIA HOME VISITING PROGRAM (CHVP) DIRECTORS,
COORDINATORS AND DESIGNEES; MATERNAL, CHILD AND
ADOLESCENT HEALTH (MCAH) DIRECTORS AND COORDINATORS;
NURSE FAMILY PARTNERSHIP (NFP) NURSE SUPERVISORS;
HEALTHY FAMILIES AMERICAN (HFA) PROGRAM MANAGERS,
SUPERVISORS AND DESIGNEES

SUBJECT: HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
DEFINITION FOR MAXIMUM CASELOAD CAPACITY
POLICY ALERT LETTER #2016/17-05

Purpose

The purpose of this letter is to notify sites of the HRSA definition for Maximum Caseload Capacity that may affect staffing, budgets and caseload requirements for CHVP Sites in FY 2017-18 (July 1, 2017 through June 30, 2018). The Maximum Caseload Capacity will be established during a phone call with your assigned Program Consultant, Contract Manager and Research Scientist.

Background

Recently HRSA created a standardized definition for Maximum Caseload Capacity to capture the reach of MIECHV funds nationwide. All participants who are served by a home visitor for whom at least 25% of his/her personnel costs are paid for with Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding must be reported to HRSA. This new definition may affect data reporting, budgets and Agreement Funding Application (AFA) documents depending on site actions outlined below.

Site Action

All CHVP sites are required to: (1) determine Maximum Caseload Capacity; and (2) ensure proper data collection methods.



1. Determine Maximum Caseload Capacity (MCC)

Each site must determine their MCC by choosing one of the Caseload Options outlined below.

Caseload Option #1:

All home visitors' personnel costs are 100% MIECHV funded. Healthy Families America (HFA) sites are expected to carry a caseload of 20 participants per home visitor and Nurse Family Partnership (NFP) sites 25 participants per home visitor.

	# of Home Visitors/FTE	% MIECHV Funded	Participants served per Home Visitor	Maximum Caseload Capacity
Example #1 NFP	4 HV @ 1.0 FTE	100	25	100
Example #2 HFA	5 HV @ 1.0 FTE	100	20	100
Example #3 NFP	3 HV @ 1.0 FTE 2 HV @ .50 FTE	100 100	25 HV 12 or 13 HV 12 or 13	100

Caseload Option #2:

MIECHV funds are braided with other funds across home visitors, with all home visitors' personnel costs paid with a minimum of 25% MIECHV funding. Per the HRSA definition, the site will be required to report all of the home visitor's caseload to CHVP. The MCC is expected to be greater than the caseload expected if the site chose Option #1. If Option #2 is selected, the MCC will be discussed during a scheduled contract negotiation phone call with your assigned Program Consultant, Contract Manager and Research Scientist.

	# of Home Visitors/FTE	% MIECHV Funded	Participants served per Home Visitor	Maximum Caseload Capacity
Example #1 NFP or HFA	16 HV @ 1.0 FTE	25	To be determined during negotiation call	To be determined but must be greater than 100
Example #2 NFP or HFA	1 HV @ 1.0 FTE 1 HV @ 1.0 FTE 1 HV @ 1.0 FTE 1 HV @ 1.0 FTE 1 HV @ 1.0 FTE 1 HV @ 1.0 FTE	80 80 80 60 60 40	To be determined during negotiation call	To be determined but must be greater than 100

2. Ensure Proper Data Collection Methods

All participants served under the HRSA definition must complete the CHVP Consent Form. Additionally, *all NFP sites* must complete the Client Funding Source Form for each participant by selecting MIECHV funding so they may be included in the federal reports to HRSA.

CHVP Action

CHVP is reviewing the submitted FY 17-18 AFA documents and will be requesting that agencies make any necessary adjustments. CHVP will work with sites to implement updates to Maximum Caseload Capacity in accordance with above guidance. For those sites that are braiding or combining funding, preliminary discussions will take place within the next two weeks with your assigned Program Consultant, Contract Manager and Research Scientist to ensure all CHVP/HRSA guidance is implemented.

For questions or concerns regarding these policies, please contact your CHVP Program Consultant.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nichole Sturfels".

Nichole Sturfels, MPH
Acting Chief, California Home Visiting Program
Chief, Data, Benchmarks & Evaluation Section
Maternal, Child and Adolescent Health Division
California Department of Public Health

Enclosure

Cc: Monica Perez, MS, RD
Acting Chief, Program Quality Section
California Home Visiting Program
California Department of Public Health

Leslie A. Kowalewski
Chief, Maternal, Child and Adolescent Health Division
California Department of Public Health