



Help Me Grow Home Visiting Records Forms CaseNotes Documentation

HMG HV record requirements

What are the actual rules and requirements for the HMG HV records?

What should the HMG Home Visiting record include?



Rule 3701-08-09 Data and Maintenance of records

- Maintain only ONE record for each HMG participant.
- All records are required to be kept confidential.
- All records are retained for 6 years from the date of receipt of the LAST payment.
- Upon exit from HMG, the contractor shall notify the HMG participant in writing of mechanisms for reviewing and requesting a copy of the record and the date that the record maybe destroyed.



Rule 3701-08-09 Data and Maintenance of records

- Contractors shall provide a copy, either electronically or on paper, of the requested record as soon as possible, but no longer than ten calendar days after the request is made
- If participant transfers or moves out of state contractor will **retain the original** file and **provide electronic or paper copy** to new contractor or program participant.
- Information entered into ET is consistent with the information in the HMG participant's record.
- All data entered into Early Track



Help Me Grow records must include:

- Referral from a PCSA on form HEA 8021
- Referral follow-up on form HEA 8037
- Consent to release information on form HEA 8019
- Copies of written correspondence received from and sent to the family, service providers and other agencies or medical providers
- Case notes, unless kept in electronic format which shall be made available upon request for the record .



Additionally, Help Me Grow Home Visit Records must include:

- Documentation of eligibility, including form HEA 8043
- Copies of the tools used, in accordance with Appendix 06.1 - A, for the purpose of screening or assessment
- All family plans on form HEA 8036 , signed by the home visitor and parent
- Consent to participate in home visiting on form HEA 8038
- Case notes, unless kept in electronic format which shall be made available upon request for the record.



Help Me Grow Consents

Confidentiality

- Informed of confidentiality and rights on or before 1st HV.

Consent

- Informed and sign consent prior to release of information.
 - One consent per entity.
 - Expire every 12 months.

Grievance

- Informed how to file a grievance.



Record Keeper = Home Visitor

- The home visitor is responsible for maintaining effective recordkeeping and reporting tasks which enable them to track individual family progress and program progress.
- Home Visitors must maintain documentation of the provision of each service for purposes of supporting the payment, delivery of the service and to provide an audit trail.



HFA Specific tool: CHEEERS

Cues...

Describe the types of cues baby/child gives. Are the baby's/child's cues easy or difficult to understand? How frequently do parents recognize and respond appropriately to the cues? How promptly do parents' respond?

Holding...

Quality and frequency, including any touching, spatial closeness. Is the baby under or overstimulated by lack of or too much insensitive physical exchanges. How does the baby respond to the parent's touch?



HFA Specific forms and tools

Expression...

How much do parents talk to baby? How frequently does the parent vocalize in ways that support language development? How often do parents engage the child verbally, encouraging the child to have a face-to-face conversation? How does the child respond to the parent's verbalization? Do parents speak respectfully to the child?

Empathy...

How frequently does the parent respond sensitively to the child's feelings and needs? Does the parent express and demonstrate concern about how the child is feeling? Does the parent recognize the full spectrum of emotions a baby/child can experience? Whose needs usually come first, the child's or the parent's?



HFA Specific forms and tools

Environment...

Do the parents interact with and play with the child in ways that motivate and support the child's development in all domains? How often and in what situations? As it relates to child development, does the home environment support growth and development? How much interest does the parent show in playing with and talking to the baby/child? How often is the TV/DVD used as a form of child care or stimulation?

Rhythmicity/Reciprocity...

Are they dancing? Is there smooth rhythm of giving and taking in the parent-child relationship? Is there mutual initiation of the interaction and activities? Has the parent learned to match his/her interactions with the child's temperamental qualities?



HFA Specific forms and tools

Smiles...

How much observable joy is there when the parent and child interact? Does the parent enjoy parenting?
How does the parent share pleasure with the child?
How frequently do the parent and child smile?



HFA Specific forms and tools

Section 4: Getting Started With...The Parent-Child Relationship



C•H•E•E•R•S Observations

Postnatal C•H•E•E•R•S Sample Documentation

- C:** Infant fussed and opened and closed her mouth. Mom watched infant fuss for most of the visit.
- H:** Mom held infant away from body in her hands with the infant facing up. Baby remained in this position until mom gave her the bottle.
- Ex:** Mom said, "You're getting fussy aren't you? Mom spoke about baby's need to get upset before feeding her. This happened throughout the visit.
- Em:** In preparation for feeding infant, infant begins to fuss and cry. Mom laughs at infant and states, "You're fussing." This type of response occurred throughout the visit.
- En:** Mom spoke about how baby liked looking at black and white toy. Toy was not present during the visit.
- R:** Infant initiated crying and fussing. Mom did not respond for most of the visit.
- S:** Mom laughed at infant when fussing—no smiles from baby during this visit.

Prenatal C•H•E•E•R•S Observation Sample Documentation

Please note that C•H•E•E•R•S may be written during the prenatal period, often beginning in the second trimester. During visits, not all of the components of C•H•E•E•R•S may be evident. It is appropriate to document "N/A" if an area of C•H•E•E•R•S was not observed during the visit.

- C:** Mom shared that baby is really active and she knows she is going to have to have more energy once her baby arrives. She said that she is worried that she will not know what her baby needs and wants when she is first born.

Mom shared that she likes it when the baby is awake, kicking and moving. Baby kicked and Mom said, "Hi Ella, did you wake up?"
- H:** When baby kicked on one side of mom's abdomen, mom rubbed her hand softly over the area and said, "rubbing like this helps her calm down."

Continued



Tools

- Complete all tools in accordance with rule and Appendix 06.1 - A: Schedule and List of Required Tools in Home Visiting
- Keep a complete copy of all tools within the file.
- Ensure all scores are present not only in ET but also on all tools within the record



Family Plan

- Family plan will be completed during the first sixty calendar days after the first home visit and determination of eligibility
- It will be completed on the HEA 8036 form
- FP will have at least one goal for program participation related to any one of the four goals of the HMG home visiting program



Family Plan

- Will be signed by parents
- One copy of each family plan is provided to the family at no cost within ten calendar days of the parent signing it.
- FP should be kept within the HV participant record.



Referrals

- Documentation of all referrals should be kept in HV Participant files.
- Outcomes of these referrals should also be kept within files
- Contact with other agencies on behalf of the family should be within the record
- Parent refusal or family ineligibility for resources should also be noted in record



Time and Activity and or Data Forms

- If agency uses the HV data form or the Time and Activity Form these are to be kept within the HV participant record



Files must include:

- Intake and referral information
- Original copies of all consents
- All assessments and screenings
- Curriculum information
- Other



Good Case Notes

Represent the family's situation

Provide a record of home visit

Enable an action to be taken or referral to be made based on their review



Case notes are “just the facts”

Who was present.

What you see, hear, smell and the physical environment during the home visit.

What was discussed during the visit.

Concerns you observed or that were discussed.

What follow-up activities must be completed.



Case notes are “just the facts”

Only provide information that is directly relevant to the delivery of services for intended family outcomes



Any one should be able to pick up your case notes and get a clear picture of what is occurring with the family.

Be sure to include the who, what, where, when, the time, place, and persons involved.



How to write good case notes

Be thorough yet concise.

Write clear, objective descriptions.

Write notes immediately after the home visit, when possible.

Proofread for errors, but don't erase information.

Consider how the family is portrayed.

Use respectful terminology and avoid jargon.



Be Careful with Wording

Respectful language

For information such as race, gender, age, sexuality, and physical condition

Poor: Johnny is a 2 year old handicapped boy

Good: Johnny is a 2 year old boy with Down Syndrome.



Be Careful with Wording

Nonjudgmental writing is

Using

- shows little motivation
- resistant/determined
- uses profanity
- shows passive behavior

Instead of

- lazy
- stubborn
- foul-mouthed
- just sits there



Be Careful with Wording

Clear description

Use words that paint a picture or show instead of tell.

Write Johnny was crying for most of the visit.

Instead of Johnny was obviously upset.



Be Careful with Wording

Use Key terminology

Use family instead of client

Use home visitor instead of case manager

All acronyms should be known to anyone who reads the case notes



SOAP Case Notes

Subjective

Objective

Assessment

Plan



SOAP Case Notes

Subjective

statements that **report how the family says they are doing** which includes any changes that have occurred since the last visit, any concerns or issues with the child and/or family, what the family needs; how the family used the parent education or parent/child activity, what the parent needs information on, etc.

Subjective = parent report



SOAP Case Notes

Objective

Statements that **report what the home visitor and/or supervisor observed** in the home on the home visit, including who was present at the visit, parent/child interaction, condition of the home relevant to the health and safety of the child.

Objective = observation of home visitor



SOAP Case Notes

Assessment

Statements that report an **assessment of what is currently occurring** in the family's day to day life, discussions about priorities, needs and concerns and possible referrals for assistance

Assessment = review of discussion of strengths, priorities, concerns and issues during home visit



SOAP Case Notes

Plan

Statements on what will happen as a result of any concerns on screenings or tools; documentation of referrals that need to be made by home visitor or accessed by parent; discussion of what need to be prepared for next visit; family plan discussion

**Plan= what needs to happen after the visit
and on the next home visit**



Writing SOAP Case Notes

Subjective:

Mom stated.....

Family reported.....

Objective:

Home visitor observed.....

Assessment:

Family and home visitor reviewed.....

Family and home visitor identified.....

Family and home visitor discussed.....



DAP Case Notes

Description of the content and the process of the home visit

Assessment of what happened on the home visit

Plan for the next home visit and what need sto happen in the meantime



(DAP) Descriptions

include **objective** information which is behavior observed by the home visitor

include **subjective** information which is what the parent or others on the home visit say or feel



Review: how to write good case notes

- Clear and Concise
- Accurate and complete
- Timely (case notes should be done as soon as possible after the event to ensure accuracy.)
- Be free of jargon or acronyms.
- Do not use abbreviations unless they are used statewide (ex. HMG for Help Me Grow or HV for home visitor)



Review: how to write good case notes

- Signed, dated including your title at the end of each entry.
- In Early Track, case notes are time stamped when saved, must be signed when copied.
- Typed if your handwriting is not legible



Review: Good case notes include

Description of all home visits

Cancellations that impact services (by you, the family or other providers)

Description of information provided

Phone calls (including attempts, voice messages)

Electronic communications (emails, texts)

Information mailed to the family



Let's practice

Mom Brianna & 6 month old Mia



Questions

Any questions?

Also you may contact your program consultant if you have any questions or need further information.

Thanks



100+ VERBS

Abandon
Abolish
Accept
Accompany
Accomplish
Adapt
Adjust
Adopt
Advocate
Affirm
Allege
Anticipate
Arrange
Assist
Attend
Call
Challenge
Characterize
Choose
Combine
Complete
Concentrate
Confirm
Construct
Contribute
Convey
Cooperate
Cooperate
Create
Defeat
Define
Deliver
Demonstrate
Describe
Detail
Determine

Devote
Diagram
Discare
Disclose
Discover
Display
Disprove
Distinguish
Do
Eliminate
Encounter
Entitle
Erase
Establish
Exclude
Execute
Exhibit
Expel
Explain
Expose
Express
Fight
Finish
Follow
Frame
Gather
Guide
Hold
Identify
Illuminate
Illustrate
Impart
Indicate
Inform
Interpret
Introduce

Invent
Label
Lay Out
Leave
Name
Note
Notify
Observe
Outline
Participate
Perform
Plan
Portray
Prepare
Proclaim
Produce
Prove
Provide
Recite
Recount
Refute
Remove
Represent
Show (how)
Sign
Strengthen
Substantiate
Suppress
Symbolize
Teach
Tell
Terminate
Testify
Validate
Verbalize
Verify
Welcome

Avoid words you cannot Measure Like:

Address
Adequate
Appreciate
Appropriate
Effective
Enjoy
Good
Improved
Increased
Internalize
Measurable
Proper
Understand

Also Avoid "Qualifiers" Like:

Fully
Really

Home Visiting Scenario

Your Home Visit: Mom (Brianna) is 16 years old. Infant (Mia), 6 months old is Brianna's first baby. They are receiving WIC. During the Home Visit she tells you she is in the grads program at school. You also meet her parents Michael and Bonita whom she is currently living with. Brianna explains to you that she is still in school, but that she may be completing school via Ecot or getting her GED. Bonita says that she will babysit the new baby so that Brianna is able to go back to school. Brianna and her parents tell you that they are interested in anything that would help Brianna to learn more about her baby and have support to be able to continue to go to school while raising her new baby. Brianna's parents leave so that you and Brianna can talk. Brianna is holding Mia and talking to her. Mia starts to cry and Brianna rocks her back and forth to comfort her. She notices that Mia is sucking on her hands and says that she thinks she is hungry and calls to her mom to heat a bottle for Mia. She is talking and to Mia and swaying. Brianna's mom bring her the bottle, Brianna feels the bottle before giving it to Mia. You observe Brianna feeding Mia. Mia is talking to her while she is feeding her, telling Mia that she is a good baby. You go onto discuss that family plan and goal writing.

Subjective: Brianna states that she is in grads program. That She is thinking about going into ECOT or getting GED. Grandma states that she is willing to continue babysitting for Mia.

Objective: This HV observed Brianna picking up on infant cues, that she was soothing infant when fussy by rocking and holding and swaying. Did feed infant with this HV present, HV noted that Mom did talk to infant in a soothing manner while feeding infant.

Assessment: Family states that they want parent education information. Support education of Brianna as they are willing to continue to watch Mia. Brianna concerned about continuing regular school and may switch to ECOT or GED.

Plan: Further discuss why Brianna wants to change schooling. Possibly assist her in setting up a meeting with her school counselor to discuss educational options. Goals could include parenting education specific goals, educational goals.