Section 6:
FAMILY SUPPORT WORKER PROCESS

I. Participation in Home Visiting Services

II. Initial and On-going Home Visits
   - Level 1-P
   - Level 1
   - Level 2
   - Level 3
   - Level 4
   - Level 0

III. Unique Custody / Living Arrangements

IV. Making Referrals

V. Medical Homes / Services

VI. Limited FSW Caseloads

VII. Parents out of Service Area

VIII. Exiting

IX. Re-entering

X. Post Survey

XI. Appeal Rights of Families

XII. Transition

Kentucky HANDS Trainers, certified by Growing Great Kids™, provide training to all HANDS Family Support Workers utilizing the GGK™ materials (since revised.1/2000). As per training, Kentucky has adopted the use of the ‘Levels’ system (see GKI™ Family Support Worker Training Materials, Revised 1/2000, page 105).
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I. Participation in Home Visiting Services is voluntary.

A. Families may receive home visiting services until a child is:

1. One (1) year of age for low intensity services (Teen Only); or
2. Two (2) years of age for high intensity services (Adults and Teens); or
3. Three (3) years of age, if the family remains on Level-1 when the child reaches two (2) years of age; or
4. Upon Completion of family goals (Level 4).

NOTE: Primary caregiver must be present to bill for services provided prenatally; child must be present to bill for services provided postnaturally.

The last home visit for a family cannot occur on the child’s birthday (i.e., a family being exited as ‘intern complete’ upon the child turning 2 years of age cannot receive a visit on the child’s actual birthday).

Reaching Level 4 should be rare since the design of the level system (a nationally recognized system) was for programs that potentially provide services for children through age 5.

B. Upon acceptance of home visiting services families will:

1. Be assigned a Family Support Worker:
   a. By a locally designated staff person, within 24 hours after a positive Parent Survey;
   b. Based upon:
      1. Caseload weight / caseload availability;
      2. Matching needs of families to the level of experience, personality and skills of the FSWs;
      3. Cultural diversity issues (example: a Spanish speaking FSW will be more equipped to work with a family who predominantly speaks Spanish in the home); and
      4. Geographic location of the families (especially for sites serving several counties);
   c. Who will
      1. Review and initial, prior to the first home visit, the Parent Survey Summary (ACH 302) for each family assigned to his/her caseload;
      2. Make contact with the family within two (2) workdays after completion of the Parent Survey to schedule the first home visit:
         a. Which shall be completed within seven (7) workdays of a positive Parent Survey;
         b. Which shall be documented by the Family Support Worker:
            1. On the Home Visit Log (ACH 312) within one (1) work day after visit is completed;
            2. On the Supplemental form within one (1) work day after visit is completed; and

Core Component 1: Quality Service Delivery

Quality Indicator 1.4: HANDS families elect to enroll and participate in services. Creative outreach efforts are implemented to build trust with families, collaboration with community partners, and encourage enrollment in services.

Quality Indicator 1.5: HANDS families receive services prenatally to age 3, with visit frequency decreasing as the family shows progress toward achievement of family, child and program goals.

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1. On the Contact Log (ACH 307) if making a phone call or other contact (i.e. letters, cards, notes, etc.) with the family.

3. Provide the family with a parent handbook used to encourage review of materials covered during home visits.

d. Who will schedule on-going home visits with the family:
   1. As per the family’s assigned Level (1-P, 1, 2, 3, 4, 0);
   2. Which shall be documented by the Family Support Worker:
      a. On the Home Visit Log (ACH 312) within one (1) work day after visit is completed; and
      b. On the Contact Log (ACH 307) if making a phone call or other contact (i.e. letters, cards, notes, etc.) with the family.

II. Families accepting services will be offered home visits:

A. Using the required Growing Great Kids™ (GGK™) and Growing Great Families™ (GGF™) curriculums (including specialized strategies / activities / handouts / etc.);

B. Which must:
   1. Be at least thirty (30) minutes in duration; preferably forty-five (45) minutes to one (1) hour;
   2. Be initiated (first home visit completed) within forty-five (45) days from the Parent Survey visit or exited from the program.

C. With intensity being determined by the Supervisor and Family Support Worker collaboratively, based on the criteria outlined in the Parents Level of Services Guidelines (Levels 0-4) (ACH 306). Families assigned to:

   1. **Level 1-P:**
      a. During the **prenatal period**;
      b. Will be seen weekly;
      c. Receive services from the Family Support Worker with an emphasis on encouraging the parent to obtain regular prenatal care and providing information on fetal development;
      d. Participate in appropriate / required screenings; and
      e. Have services documented, by the home visitor, as per requirements and guidelines outlined in Section 10: Forms Guide.
Section 6: FAMILY SUPPORT WORKER PROCESS

2. Level-1:
   a. Upon the birth of the child or when entering the program postnatally (during the infant’s first 90 days);
   b. Receive one home visit per week for a minimum of 185 days (6 months); but, best practice recommends 365 days (12 months) (ACH 306) (See Additional Information below);
   d. Receive services from the Family Support Worker with an emphasis on observing parent-child / caregiver-child interaction and conducting activities to promote bonding, attachment and positive parent-child / caregiver-child interaction (child must be present to bill for postnatal visits);
   e. Participate in appropriate / required screenings; and
   f. Have services documented, by the home visitor, as per requirements and guidelines outlined in Section 10: Forms Guide.

6.1 - ADDITIONAL INFORMATION: LEVEL 1 HOME VISITS

The national average for families staying on Level 1 is nine to twelve months. It is important not to move families up the next level too quickly for several reasons:

1. The highest level of stress that families experience is right after birth, and when the baby starts to become mobile (which generally happens about eight months).
2. The most significant and rapid brain development for a child happens within the first year of life. For example, the window of opportunity for social and emotional development, which includes the development of empathy, occurs between 10 and 18 months. Families need extra support and encouragement during this crucial period to provide nurturing and proper stimulation in order to support brain development.
3. The Growing Great Kids™ curriculum requires the weekly visit so all the modules in each unit can be adequately covered. Families will miss opportunities for positive change if they are not kept on level 1 intensity visits for longer than six (6) months (twelve months is recommended).
4. The first Ages and Stages Questionnaire is not administered until the child is two (2) months old (optional at 2 months, but required at 4 months). Moving families up the next level too quickly means that HANDS will miss opportunities to provide developmental screening at a regular interval. This also means missed opportunities to detect possible delays.
5. Ultimately, dosage matters when it comes to any intervention/ service. Consistent and regular interventions will produce positive program outcomes.

NOTE: Once a family progresses to a Level, they CANNOT be moved back. With an approved Policy Exemption Request (QA Form D) visits could potentially be increased for a limited period of time; however, not to exceed one (1) home visit per week as defined for families assigned to Level 1 (ACH-306).

3. Level-2:
   a. Have completed at least 75% of their visits and 100% of the requirements to move to Level-2 as outlined on the Parent Completion Levels form (ACH 306);
   b. Receive visits every other week;
   c. Receive services from a Family Support Worker with the emphasis on activities which promote positive parent-child interaction and family self-sufficiency (child must be present to bill for postnatal visits);
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d. Participate in appropriate / required screenings; and
f. Have services documented, by the home visitor, as per requirements and guidelines outlined in Section 10: Forms Guide.

4. Level-3:
   a. Include:
      1. Teen Only (teen parents who screen negative) parents who accept low intensity services (monthly home visitation until the child is one year of age); and
      2. Families who completed at least 75% of their visits and 100% of the requirements to move to Level-3;
   b. Receive visits once a month;
   c. Receive services from the Family Support Worker to support the family and parent-child interaction, by continuing the activities discussed for Level 2 (child must be present to bill for postnatal visits); and
   d. Participate in a second Parent Survey 3 months prior to moving to Level-4.
   e. Participate in appropriate / required screenings; and
   f. Have services documented, by the home visitor, as per requirements and guidelines outlined in Section 10: Forms Guide.

NOTE: A Teen parent who has a negative survey and has been enrolled in low intensity monthly home visitation until the child is one year of age, WILL NOT require the second Parent Survey. The teen is not moving through the levels to the point of graduation and the child will not be enrolled in the program when nearing his/her second birthday.

5. Level-4:
   a. Have completed at least 75% of their visits and 100% of the requirements to move to Level-4 as outlined on the Parent Completion Levels form (ACH 306);
   b. Receive visits every three (3) months until the child is two (2) years of age; and
   c. Receive services from the Family Support Worker with a emphasis on monitoring of the child’s health and development and progress toward the family’s goals (child must be present to bill for postnatal visits).
   d. Participate in appropriate / required screenings; and
   e. Have services documented, by the home visitor, as per requirements and guidelines outlined in Section 10: Forms Guide.

6. Level-0
   a. When they have not completed at least 75% of visits, based on their current level, for a consecutive two (2) month period, beginning with the first full month; and
   b. Receive consistent creative outreach by the Family Support Worker:
      1. To build trust and attempt to engage / re-engage;
      2. With the type of creative outreach determined by the Supervisor and Family Support Worker;
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3. Which may include:
   a. Telephone Calls
   b. Drop-by Visits
   c. Mailings (example: birthday cards, postcards, creative notes, coupons, child development information, or any resources the family will find helpful)
   d. Welcome baskets / incentive gifts
   e. Certificates to celebrate accomplishment of family’s goals or completion of a curriculum unit
   f. Invitations to any program parties or community events
   g. Flexible scheduling including evening visits; and
   h. Text messages.

4. When families have notified FSW that they will be out of the service area, outreach is not required.

   d. Remain on Level-0 until:
      1. They actively engage by completing at least 75% of visits per level; or
      2. They require exit:
         a. As per their request to discontinue participation;
         b. After receiving creative outreach for a minimum of 30 days, not to exceed 90 days; and

   NOTE: After 2 months on Level-0, the FSW should work with the family to prepare them for exiting HANDS services. The family may re-engage at the designated frequency of visits during this period (Level-1P, 1, 2, 3 or 4).

   e. No more than two (2) times over the course of their enrollment.

C. Families accepting services will be offered:

   1. Scheduled home visits:
      a. According to the visitation schedule of the level assigned;
      b. With no two (2) visits being billed on the same day (1 visit type per day); however, they could potentially occur in the same week;

   2. Substitute home visits:
      a. With a home visitor other than the one assigned to the family;
      b. When the assigned home visitor cannot keep their regularly scheduled home visit time;

   3. Rescheduled home visits:
      a. With the assigned home visitor;
      b. When the home visitor can schedule for an alternate time within the same week of the cancelled visit;

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CORE COMPONENT 2: WORKFORCE / STAFF SELECTION & SKILL DEVELOPMENT

QUALITY INDICATOR 2.1:
HANDS visits are scheduled for a duration and frequency of time that allows for relationship building between the families and home visitors, and meeting the needs and goals specific to each family.
Section 6: FAMILY SUPPORT WORKER PROCESS

4. Make-up visits (as a last resort):
   a. With the assigned home visitor or substitute FSW;
   b. When the regularly scheduled visit is missed (due to agency, FSW, family or weather cancellations);
   c. Within the same calendar month as the cancelled visit;
   d. With no more than two (2) visits taking place within the same week (this includes the RN/SW visit);
   e. With detailed documentation reflecting the rationale for making this adjustment to frequency of visits; and
   f. With the FSW NOT scheduling two (2) visits in a week/ every other week as a routine practice;

5. Scheduling which accommodates parents who are working attending school;
   
   NOTE: Late night visits are not required and establishing a time for the latest time to schedule visits is at the discretion of the site. Each site should have protocol in place to ensure the safety of home visitors when making visits scheduled after hours.

6. Visits which will occur:
   a. In the family’s home for at least 75% of the total visits, per past 12 months;
   b. But, can occur outside the home 25% of the total visits if justified in the chart.
   
   NOTE:
   □ A parent and child staying at an alternative home environment (any place the family is considering to be their home; i.e., homeless / abuse shelter, hotel, etc.) can receive billable visits at this location. This location is temporarily the target child’s home. Visits would be coded as 01.
   □ A mom who has been participating in home visits prenatally and delivers her baby early or has a child with severe medical need requiring a lengthy hospital stay, can maintain enrollment in HANDS, with services being provided at the temporary home (hospital) of the baby. If the child continues to be in the hospital for 3 months, the mom can be placed on creative outreach (Level 0) services.
   □ When care requires hospitalization in a facility outside the site’s service area, the family may be transferred to the HANDS site serving the hospital location. Transfer the family back to the home county upon baby’s discharge from the hospital.
   □ If a worker feels unsafe, a visit in a neutral area can occur. The reason for the visit occurring outside of the home must be strongly documented. This cannot continue long term.
   □ If the home continues to be unsafe, exiting the family from services could occur. The supervisor must be involved in this decision.
   c. But, can occur with another caregiver, other than the parent, 25% of the total time, if justified in the chart.

7. The opportunity to participate in at least one (1) group activity:
   a. Annually;
   b. To aid in HANDS families building rapport with home visitation staff and other support networks, and to strengthen engagement and retention;

NOTE: Late night visits are not required and establishing a time for the latest time to schedule visits is at the discretion of the site. Each site should have protocol in place to ensure the safety of home visitors when making visits scheduled after hours.
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- c. Which meets the needs of the families participating in HANDS;
- d. Which require the HANDS staff to:
  1. Plan and sponsor the group event for all families in their county or district (i.e., HANDS Graduation celebrations, movie night, etc.); or
  2. Collaborate with other community partners in the planning of the group event (i.e., Community Baby showers, etc.);
  3. Maintain documentation to verify invitations and participation of families (i.e., sign-in sheets, flyers, summary, etc.);
  4. Document a family’s participation as an ‘06’ visit on a Contact Log (ACH-307). NOTE: Group events are not billable unless a particular participant engages in a 30-minute visit, which models a typical home visit.

III. Home visitation services will be offered to families with unique custody / living arrangements, including circumstances when:

A. A parent does **not** have custody:
   1. Services will be offered to:
      a. The legal **permanent** custodian; or
      b. The **temporary** custodian:
         1. With or without court involvement; and
         2. With the mother/partner included in visits as much as possible.

B. One parent who enrolled in services abandons his/her baby or loses his/her parental rights, with custody awarded to the other parent:
   1. Home visitation can continue with the baby’s other parent. (Open a chart for this parent since participation in 75% of home visits is required; see Section 9: charts.)

C. A parent becomes deceased:
   1. Services will be offered to the new **permanent** custodian if the child is no longer with his/her birth parent(s); or
   2. Services should continue with any **temporary** custodian.

D. Two (2) parents live in the same house, and each of their children receives home visitation services. **Both of the families can receive visits if:**
   1. There are clearly defined hours that indicate two separate visits; and
   2. Each visit focuses on only the one child and his/her parent.

   **NOTE:** If one parent is not home and requires the other parent to take care of his/her child during the time of his/her regularly scheduled home visit, the visit may take place as long as this does not occur more than the allowed 25% of the time.

E. A separated / divorced couple has alternating visitation with the child and both parents want to participate in HANDS, as long as:
   1. Each parent has his/her own chart (see Chart Section);
   2. The child is present at visits; and
   3. Visits are alternated between each parent’s home, not to exceed the frequency of the family’s assigned level (i.e. a family on Level 1 cannot have more than 1 visit per week).

F. A parent enrolls in HANDS for two (2) separate babies / pregnancies simultaneously, both can receive services:

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1. With hours of visits clearly indicating two separate visits; and
2. With each visit focusing on only one child and his/her primary caregiver.

G. A father/partner wants to participate in prenatal services:
   1. When the mother refuses participation, can:
      a. Receive services one (1) time per month;
      b. With billing to:
         1. State Tobacco Settlement funds, when the family is prima gravida; or
         2. State General Funds (SGF) or Maternal Infant Early Childhood Home Visiting (MIECHV) grant funds, when the family is multigravida; and
      c. Receive RN/SW visits once the baby is born; and
      d. Have prenatal visits increased to weekly should the mother become involved.

2. Separate from the mother who is enrolled in HANDS:
   a. Can receive services one (1) time per month;
   b. Must have his own record (see Section 9: Charts, XI.B);
   c. With billing to:
      1. State Tobacco Settlement funds, when the family is prima gravida; or
      2. State General Funds (SGF) or Maternal Infant Early Childhood Home Visiting (MIECHV) grant funds, when the family is multigravida; and
   d. Has data for services entered under the father's/partner’s identification number.
   e. Can continue to receive services once the child is born, as long as the child is present.

3. When he/she and the mother are together (he/she has been identified as the ‘partner’), but the mother (identified as the primary caregiver) is not present for a prenatal visit:
   a. Documentation will be filed in the mother’s chart; and
   b. With billing to:
      1. State Tobacco Settlement funds, when the family is prima gravida; or
      2. State General Funds (SGF) or Maternal Infant Early Childhood Home Visiting (MIECHV) grant funds, when the family is multigravida.

NOTE: This should not be routine practice.

IV. Referrals will be made:

A. By HANDS workers:
   1. Directly contacting the referral source with/for the family; or
   2. Providing education and information about the referral source to the family, who can choose to make the referral;

B. To appropriate resources to meet each family’s needs;

C. To appropriate health department / medical providers for family planning or counseling; and

CORE COMPONENT 1: QUALITY SERVICE DELIVERY

QUALITY INDICATOR 1.8: HANDS families are referred to community resources when support for basic needs, child care, education, employment, First Steps, Health Department services, mental health, oral health, physician care, smoking cessation, substance abuse treatment, transportation, domestic violence concerns, etc. are identified.
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6.4- The FSW may complete the Edinburgh Depression Screen during required timeframes (although best practice would be for the RN/SW Visitor to complete) and/or in situations deemed to be in the primary caregiver’s best interest (outside the required timeframes). The protocol for completion of the Edinburgh Depression Screen as outlined on the:

Edinburgh Depression Screen REFERRAL Flow Chart and
Edinburgh Depression Screen DOCUMENTATION Flow Chart

(See Section 10: Forms and Forms Guide, RN/SW Visit Forms for these charts.)

NOTE: The RN/SW is responsible for follow-up. The FSW would document completion of the EDS on the ACH 312 and would notify the RN/SW of necessary follow-up if the score is positive and the mother declines referral.

6.5- Make referrals for family planning methods (contraceptives) to the appropriate medical provider. No family planning or counseling shall be provided during a home visit---DO NOT SHARE the "Effectiveness of Contraceptives" handout from the GGF™ Curriculum! Providing education in regards to family planning methods goes against conditions for receipt of KIDS Now funding. Likewise, when asking the 'yes/no' question on the Primary Caregiver Family Status about 'family planning method', education should not be provided and any specific questions should be supported with a referral.

D. To Kentucky's Early Intervention System, First Steps, in accordance with Public Law 94-142 (Individuals with Disabilities Education Act – IDEA):

1. When a child scores in the referral zone in at least one area on the Ages and Stages Questionnaire-3 (ASQ-3®); or
2. When a child scores in the monitor zone in two or more areas of the ASQ-3®; or
3. When a child scores **above** the referral cut-off on the ASQ-SE2®; and

*See Guidelines for Completion of the ASQ-3® and ASQ-SE2® in Section 10: FSW Process Forms Guide

4. As soon as possible, but in no case more than seven (7) days after identification [Effective July 1, 2012, federal regulation change 303.303 (a)(2)(i)]; and

5. With parental knowledge that:
   a. The law requires HANDS to make a written / verbal referral to First Steps, which includes the following general information:
      1. Parent and Child names
      2. Child’s date of birth
      3. Phone number
      4. Reason for referral
   b. In order for HANDS to share the child’s ASQ-3® and ASQ-SE2® scores with First Steps, the parent / primary caregiver must sign a release of information (ACH-301).
   c. The parent / primary caregiver has the right to refuse services when contacted by First Steps. (See the Mandatory Reporting/Referral form, ACH 310A, in Section 10: Forms and Forms Guide, FSW Forms)

E. For **Child Protection** (KRS 620.03) and **Vulnerable Adult Protection** (KRS 209.030):

1. When the staff person knows or has reasonable cause to believe that:
   a. A child is being neglected or abused; or
   b. A vulnerable adult has suffered abuse, neglect or exploitation; and

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2. With an oral or written report:
   a. Immediately made to:
      1. The Department for Community Based Services; or
      2. A local law enforcement agency; or
      3. The Kentucky State Police; or
      4. The Commonwealth’s Attorney; or
      5. The County Attorney; and
   
   b. For the primary caregiver or child enrolled in HANDS:
      1. Documented on ACH-310: Mandatory Reporting / Referral form;
      2. Signed by Supervisor; and
      3. Filed in a file / binder maintained in a secure location (not filed in the primary caregiver’s or child’s chart)

   NOTE: A “vulnerable adult” is defined in the statute as “a person eighteen (18) years of age or older who because of mental or physical dysfunction is unable to manage his / her own resources, carry out the activity of daily living, or protect himself / herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others.”

   c. For someone other than the primary caregiver or child enrolled in HANDS:
      1. Documented on CH-23: Service Record; and
      2. Filed in the file / binder maintained in a secure location.

V. Families will be assisted with obtaining/choosing a medical home (a partnership between the family and the child’s primary medical/health care provider*) by their Family Support Worker:

   *Medical/health care provider – The primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health and medical services.

   A. Making referrals to available medical providers to assure optimal health and development (e.g., prenatal care, preventative health care, timely immunizations, routine well-child care, sick-child care, etc.); and

   B. Documenting:
      1. All referrals that may affect positive pregnancy outcomes (i.e. Health Department programs like WIC, smoking cessation, substance abuse and nutrition) on the Home Visit Log (ACH-312);
      2. Follow-up of referrals on Home Visit logs (ACH-312); and

   C. Monitoring of:
      1. Prenatal care (Referral Record Screen, ACH-300; Primary Caregiver Family Status, ACH-304); and
      2. Preventative well-child care visits and immunizations (Health Progress, ACH-313; Child Family Status, ACH-304A)

   6.6 - HANDS staff are not to report any EPSDT Outreach activities in the Community Services Reporting System. If HANDS staff are serving a Non-Medicaid eligible child, then EPSDT outreach funds may not be used to cover any of the EPSDT outreach activities that may be provided.
Section 6: FAMILY SUPPORT WORKER PROCESS

VI. Each Family Support Worker will have an appropriate caseload to ensure that an adequate amount of time is available:

A. To plan home visits that meet the needs of each family;
B. To schedule visits which allow the worker to spend time building a relationship with each family;

C. As per the guidelines for the weighted caseload system described and defined in the Program Manager and Supervisor Training Manual, Great Kids, Inc.

B. Allowing the Family Support Worker to:
   1. Maintain a caseload weight of no less than 35 when working 37.5 hours per week in HANDS (adjust for part-time % in HANDS).
   2. Schedule enough visits to average completion of no fewer than three (3) billable visits per day for a minimum total of sixty (60) per month (based on a 7.5 hour day).

VII. When Parent(s) are temporarily out of the service area for over one (1) month and have informed the home visitor:

A. Follow guidance for Level-0 assignment.
B. The Family Support Worker is not required to make contact.
C. Parent(s) will resume their former Level status upon return.

VIII. EXITING HANDS services can occur for one of the following reasons:

1- Intern Complete – (a) Child has reached age 2 (24 months); (b) Family remained on level-1 until after age two (24 months) until family met requirements to advance to another level, or child reaches age 3 (36 months).

2- Family Elected Out - A family requested to end their voluntary participation in the program (at any time).

3- Family Elected Out to Return to School – A family requested to end their voluntary participation in the program in order to further their education.

4- Family Elected Out to Begin Employment – A family requested to end their voluntary participation in the program in order to begin working.

5- Family Moved - A family moves out of the site area and is not able / chooses not to continue service with another HANDS site.

6.7 – Thirty (30) minute visits are billable, but are not considered best practice since it takes time to build a relationship with families and to include activities during home visits. In addition, when visits greatly exceed 60 visits per month, quality suffers and burnout is more likely.

6.7 - To monitor productivity and utilization of services, a program should expect to complete around 80 – 90% of all scheduled home visits.

The national average of missed visits is 25%, so FSWs need to consider this when scheduling visits and working to complete the recommended 60 visits per month. The 80-90% equals the 60 visits per month, so more than 60 visits per month should be scheduled. The recommendation is that the full-time FSW have the potential to achieve 75 visits per month, which takes into consideration the 25% no-show rate. If families routinely miss or cannot commit to the level 1 intensity of visits, they should be moved to level 0.

STATE REGULATIONS:
902 KAR 4; 120, Section 2: (3) (a) - (g)

6.7 – Thirty (30) minute visits are billable, but are not considered best practice since it takes time to build a relationship with families and to include activities during home visits. In addition, when visits greatly exceed 60 visits per month, quality suffers and burnout is more likely.
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6- **Lost Contact** - A Family Support Worker cannot locate a family by any means (visiting the home, telephone, etc.); family has had at least three (3) home visits then does not have any completed visits for three or more months.

7- **Transfer** - A family moves out of the site area and will receive HANDS services from another HANDS site or home visitation program.

8- **Other** - A family exits for any reason other than those listed. (Ex. Induced termination of pregnancy, lost custody).

9- **Never Fully Engaged** - A family who initially accepted services, but never received a home visit or received only 1-2 home visits.

10- **Infant Death** – The family experiences death of a live infant (birth up to one year of age).

11- **Child Death** – The family experiences the death of a live child (over one year of age).

12- **Fetal Death** – The family experiences death of their baby prior to expulsion/extraction (miscarriage / stillbirth) from the mother, irrespective of the duration of the pregnancy. This does not include induced termination of pregnancy.

13- **Goals Met** - This category is for a family who has reached Level 4 and has graduated from HANDS before their child is two years of age.

14- **Exceeds Limitations for Level 0** – Family has received creative outreach for the maximum 90 days allowed or has exceeded the number of times allowed to be on Level 0.

IX. RE-ENTERING/RESUMING HANDS services can occur:

A. When a family requests re-entry:
   1. Within ninety (90) days from the date of last home visit, and:
      a. There is caseload space available;
      b. The family has not previously re-entered services with the same pregnancy / child; and
      c. A new Parent Survey is NOT required.
   2. After 90 days from the date of the last home visit, and:
      a. The mother is still pregnant; or
      b. The child is less than 90 days old; and
      c. There is space available;
      d. The family has not previously re-entered services with the same pregnancy / child; and
      e. A new Parent Survey is NOT required.

B. With the family resuming services at the same level they were assigned to prior to exit.

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6.8 **EXITING / TRANSFERRING / RE-ENTERING / RESUMING HANDS services requires completion of specific documentation and data entry tasks, which are outlined in Section 9: Charts.**

X. In order for the Parent Visitor to conduct the **Post Parent Survey**, the Family Support Worker will notify the Parent Visitor:

A. Ninety (90) days prior to the child’s second birthday; or

B. When a family is moving from level 3 to 4.
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XI. Families have the following Appeal Rights:

A. To be notified by the site when the family:
   1. Does not meet criteria for admission or continuation in the program; or
   2. Has had a service discontinued.

B. To be notified in writing:
   1. Within ten (10) calendar days of the denial or discontinuance, as delineated in 902 KAR 4:120; and
   2. Do not send notification in cases where fetal or infant death has occurred.
   2. Receive a copy of:
      a. Authorization for Release / Acquire Information (ACH 301) for those families that do not meet criteria for admission;
      b. The HANDS Exit form (ACH-314) for those families discontinuing HANDS services. Families cannot appeal an exit if they elect to discontinue services.

C. Available: Appeal Process: Refer to 907 KAR 1:563; Medicaid covered services hearings and appeals.

XII. In order to support the transition of a family:

A. Out of the HANDS program:
   1. When anticipating an ‘intern complete’ exit (refer to exit reason descriptions at VIII of this handbook section):
      a. Discuss family and child goals to incorporate future plans for services upon leaving HANDS, one to three months prior to exit and complete Transition Goal (ACH 305A); and
      b. Discuss both parent and child opportunities which may include:
         1. Parent Resources: FRYSC’s and County Extension Programs.
         2. Child Resources: Early Head Start, Head Start, Preschool, Private Child Care, Mother’s Day Out Programs; and
      c. Ensure that the post parent survey is scheduled and completed before the child’s second birthday; and
      d. Review (one (1) month prior to anticipated exit from HANDS) family and child future plans / goals to ensure that appropriate referrals were done; and
      e. Provide GGK™ Curriculum handouts for 24 – 36 months (not via email) to continue support of child development; and
      f. Provide ASQ handouts for 27-36 months; and
      g. Complete Exit (ACH 314) and the Exit section of the Primary Caregiver Family Status (ACH 304) and the Child Family Status (ACH 304A).
   2. When aware of a planned move, follow the protocol for releasing records outlined in X.A-B. of Section 9: Charts.
   3. When fetal / child death is experienced, the FSW will immediately notify his/her Supervisor and offer/provide two billable HANDS ‘grief’ visits:
      a. To the parent / primary caregiver experiencing the loss;
      b. Within a 60-day period;
      c. Which focus on support, referrals, and closure of HANDS services;
      d. To be documented on a Home Visit Log (ACH 312) and filed in mother’s chart; and
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e. Billed to:
   1. The mother’s medical card or
   2. State Tobacco Settlement funds, if the mother does not have a medical card or the father has been the only parent participating in services.

4. When infant death (due to SIDS / illness /accident) is experienced, the FSW will immediately notify his/her Supervisor and offer/provide two billable ‘grief’ visits:
   a. Following the same guidelines outlined above, XII.A3: a-d
   b. Billed to State Tobacco Settlement funds for the parent who is experiencing the loss.

5. When experiencing loss of custody (elected adoption or court ordered placement), the FSW will offer/provide two billable ‘grief’ visits:
   a. Following the same guidelines outlined above, XII.A3: a - d
   b. Billed to State Tobacco Settlement funds, to the parent who is experiencing the loss.

*NOTE: HANDS services cannot be billed to a deceased individual.*

6. When the family completes Level 3 and moves to Level 4:
   a. By discussing family and child goals to incorporate future plans for services upon leaving HANDS;
   b. By including both parent and child opportunities in discussion:
      1. Parent Resources: FRYSC’s, County Extension Programs, etc.
      2. Child Resources: Early Head Start, Head Start, Preschool, Private Child Care, Mother’s Day Out Programs;
   c. By monitoring goal activities to help families meet goals upon exit;
   d. By reviewing family and child future goals to ensure that appropriate referrals were done; do this one (1) month prior to anticipated exit from HANDS;
   e. By providing GGK™ Curriculum information to continue support of child development.
   f. By ensuring that the post parent survey is scheduled and completed.
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B. From another state’s home visitation program to HANDS, verify that the program the family is coming from uses:
   1. The same screening/assessment; or
   2. A standardized screen/assessment that provides adequate information to score the HANDS Screen / Parent Survey; and
   3. Has a signed release of information allowing them to send the charts of the parent(s) / primary caregiver(s) and child to the HANDS site.