QUESTIONS AND ANSWERS ON EVERYDAY PRACTICE

The following document includes answers to questions that frequently come up but are not easily or fully answered by referring to policies, MIS reports or other resources. Created by a small committee representing each branch of Central Administration, this is an evolving document that will be continuously updated and revised as new areas of need become apparent.

If you have ideas for topics you think would be good to include (meaning topics that aren't fully addressed already by policy or other resources) please contact committee member *Ellen Butowsky, PCANY at* ***ebutowsky@preventchildabuseny.org*** **.**

Topics

	QUESTIONS	ANSWERS
LEAD ASSESSMENTS	1. What is a lead assessment? 2. What happens if PC1 answers 'Yes' to any of the questions? 3. Where can I find the questions for the lead assessment? 4. What is the suggested schedule? 5. Where should the blood test (lead screening) from a doctor's office be recorded? 6. What report can I use in MIS to get the Lead Assessment outcomes for all children and see who needs to follow up with the doctor? 7. Where can I find more information on Lead Poisoning?	1. A lead assessment is a series of questions that home visitors ask the primary caregiver to assess the focus child's risk of lead poisoning. The suggested schedule starts at the 6 month Follow Up and should be asked at every one. 2. If the primary caretaker answers "yes" to any of the questions (e.g., a specific potential exposure, a known lead source in the household, etc.) the home visitor should tell the primary caregiver to reach out to the pediatrician or might want to call the physician directly to inform him/her and get the TC tested. 3. You can find the questions in the MIS under Paper Forms in the Help and Docs tab. Search for Follow-Up Form and scroll to page 4. 4. The lead assessment is done at each Follow-Up. Performance Target HD3 measures adherence to the policy. 5. The blood test results should be recorded on the TC Medical Form under Lead Assessment. 6. Analysis/Lead Assessment and Screening Outcomes 7. You can visit the CDC website: https://www.cdc.gov/nceh/lead/default.htm Or share this with parents: https://ocfs.ny.gov/programs/childcare/provider-letters/2009/September/Dear-Provider-2009-Sep-Lead-Info-Parents.pdf

	QUESTIONS	ANSWERS
SERVICE PLAN	1. What is the Service Plan?	1. The Service Plan is a Supervisor/FSS planning tool. It is initiated after the assessment to follow up on risk factors. It is an evolving document that is updated regularly based on discussions between the Supervisor and the FSS. Typically, the contents of the Service Plan are developed jointly between the FSS and Supervisor during supervision. In some sites, the FRS may be the one to start the Service Plan, based on their experience with the family administering the assessment. It's important that both the Supervisor and FSS have access to the Service Plan so that they can refer to the plan at any time to guide them in their services to the family.
	2. Where can I find the Service Plan?	2. The Service Plan is located below the FROG in the Forms tab on MIS.
	3. When are we required to start using the Service Plan on the MIS?	3. As of 5.1.21, programs are required to use the Service Plan on the MIS for all newly enrolled families. Any Service Plans that were developed prior to 5.1 can remain "as is" for instance, handwritten forms or fillable Word documents. The latter can be uploaded as a PDF to the "case documents" section of the family's file on the MIS.
	4. Do FSSs need to write anything addressed during a HV both on the Narrative and the Service Plan?	4. No, there is no need to do double work. The FSSs document any conversation with the parent related to the Service Plan in the HV Log in detail. Significant events that occur related to ongoing plans are then briefly noted in the Service Plan in the "Plan Implemented" column.

		When needed, refer the reader to the HV Narrative for further details: "See HV Narrative mm/dd/yy". Discussions of new issues not identified during the Assessment (FROG) are detailed in the HV Narrative and entered in the Service Plan using the Additional Source feature.
	5. Do Supervisors need to write anything addressed during supervision in the Supervisor Note and the Service Plan?	5. No, there is no need to do double work. The Supervisor uses the Service Plan to note the plans and interventions that they craft with the FSS. The Supervisor Note is the place to document how the supervisor supported the FSS to develop and implement the Service Plan. Similar to the HV Log, Supervisors can refer the reader to either the Supervisor Note or Service Plan: "See Supervision Note mm/dd/yy (or Service Plan mm/dd/yy) for further details."
	6. How often should a Service Plan be reviewed?	6. This will depend on the complexities of each family and the level they are in. We recommend that it be done at least monthly for L1, 1P, and 1SS families (during in-depth discussions) and less frequently for other levels. Families' circumstances (noted in the Additional Source section) should determine the need to review and decide new plans, interventions and strategies to be used.
	7. Where can I find more information on the Service Plan?	7. You can find additional information, the webinar and questions and answers on the HFNY website https://www.healthyfamiliesnewyork.org/Staff/Service%20Plan%20Training%20Materials.htm

SERVING CHILDREN IN FOSTER CARE S	QUESTIONS	ANSWERS
	1. Can I serve a family if the TC goes into Foster Care or is removed from their home? 2. How long can I serve a family where the TC is in Foster Care or removed from PC1?	1. Yes, HFNY programs are able to serve families where the TC enters Foster Care or is removed from the PC1 but there must be a goal to reunify TC with the PC1. 2. Generally, HFNY programs can work with the family while TC is out of the home for up to six months with the goal of reunification. In some situations, programs might feel services should extend beyond the six months. The program should take each family situation into account when thinking about serving the family beyond six months from removal. Some things the program should consider: A. Is the program able to meet the goals of HFNY while working with the family where the TC is not in the home? B. The home visitor and supervisor should discuss the family situation and plans for services to determine if HFNY is appropriate for the family. C. HFNY programs should add identified risk factors to the Service Plan that may have contributed to the removal of the child as a way to support the parent in addressing said risk factors to work towards reunification. D. The HFNY program should stay up to date on the plan for TC to ensure that it remains reunification.

SERVING CHILDREN IN FOSTER CARE		**E. The HFNY program should ask the family for permission/consent to speak with other service providers (LDSS/CPS/ACS) to assist in service provisions.**
	3. Once the decision is made to close the family where the TC has entered foster care or is no longer in the home, what steps can the program take to support the family in preparation for closure?	**3. The program should begin a transition plan with the family to connect them to resources and other services in their community. Having a transition plan will allow the program to continue to support the family until other services are identified and/or can be implemented prior to closing the HFNY case.**

	QUESTIONS	ANSWERS
ROLE BOUNDARIES	1. What is meant in HFNY by the term "role boundaries?"	1. Role boundaries are the limits that allow for a safe connection between the home visitor and the participant that is based on the participant's needs. We also talk about role boundaries with other dyads, such as the supervisor and the home visitor.
	2. Can HFNY staff accept gifts or favors from participants?	2. Each program develops policies to guide staff around how to handle accepting gifts or favors from participants. These policies must include that staff will report to their supervisor any gifts given by participants and that they are unable to accept a gift of anything of significant value. Staff are encouraged to explain to the family that this is an agency policy and that they are not allowed to accept gifts.
	3. What if rejecting a gift will negatively impact the relationship between the home visitor and the family, or the program and the community?	3. The policies may include program variations based on the unique cultural norms and expectations in their communities.
	4. Can I use state funds to purchase gifts for my staff?	4. No, using state funds for this purpose is not allowed under any circumstances.

	5. Where can I find more information about role boundaries, including orientation and training for staff? 6. What mechanism is in place to help assure appropriate professional boundaries are understood and adhered to related to the MIS?	5. The PCANY TOL website has resources to orient staff to their role at: tol397.wixsite.com/transferoflearning/professionalboundaries 6. The Center for Human Services Research has developed an MIS Agreement that all new staff are required to sign. Ideally, this agreement is reviewed each year. It is recommended that programs connect this review to the annual performance review/appraisal. https://www.healthyfamiliesnewyork.org/Staff/Documents/HFMISUserAgreement20220524.pdf

	QUESTIONS	ANSWERS
A N N U A L S E R V I C E R E V I E W	1. What is the Annual Service Review and Cultural Analysis and Plan (ASR/CAP)	1. The ASR/CAP is an annual report that addresses annual requirements for both HFA and Contractual Compliance. All programs should complete an ASR/CAP of their program based on the most recent information that is available. The review should be comprehensive, including information about the program's materials, training, and all aspects of the service delivery system (assessment, home visiting, supervision, and management). It includes input from families and program staff and identifies patterns and trends related to program strengths as well as areas to improve upon, such as any culturally sensitive service gaps. The OCFS Program Contact Manager will review the ASR/CAP and provide feedback to their assigned programs.
	2. When is the ASR/CAP due?	2. The ASR/CAP is due 30 days after the end of the contract year.
	3. Who should I send the ASR/CAP to?	3. The ASR/CAP should be uploaded in the Contract Management System (CMS) with the 4th Quarter claim. Although the Program Manager is responsible for the completion of the ASR/CAP, Program Managers should speak with their fiscal staff for information on who uploads the final ASR/CAP into CMS.

	4. **Where do I find additional information on the ASR/CAP?**	4. **The ASR/CAP guidelines are available on the HFNY website on the staff side under the reporting tab OCFS Annual Service Review Guidelines.** **Resources: OCFS Annual Service Review Guidelines** **https://www.healthyfamiliesnewyork.org/Staff/reporting.htm**

	QUESTIONS	ANSWERS
ENROLLMENT	1. What are the general rules for enrollment?	1.The general rules for enrollment are: • Each case can address only one pregnancy. • PC1 is the primary caregiver of the target child (TC) and lives in the home where TC will reside at the time of enrollment. This can be Mom, Dad, Maternal or Paternal Grandparents, or a legal guardian. • Enrollment occurs after the Assessment (FROG) is completed. • The definition of a Prenatal Enrollment is when the PC1 accepts service prior to the TC date of birth (DOB). • The definition of a Postnatal Enrollment is when the PC1 accepts services after the TC DOB.
	2. What are the rules for re-enrollment of participants?	2. Rules for re-enrollment of the same TC • A participant who has left the program prior to graduation may re-enroll with the same TC if the program has the capacity to serve them. • When this re-enrollment is approved, the case is reopened (same caseID). Rules for re-enrollment for a subsequent pregnancy/birth • A participant may wish to re-enroll in the program with a subsequent pregnancy after participating with a previous TC. Ideally, this

ENROLLMENT	3. What if I want to enroll a family that is out of the target area/county served?	program is meant for first time enrollees, but if there are special circumstances surrounding a subsequent pregnancy, the program can seek the advice of their program contract manager to discuss possible re-enrollment. Some of the reasons this might be approved include: the PCI was a teenager with the first TC, significant changes have occurred with the family's risk factors, etc. • When this re-enrollment is approved, another case is initiated. 3. The program should consider if there is a Healthy Families program already in that target area/county. If so, the program should refer the family to the HFNY program covering the target area. • If there is not a HFNY program in the target area/county, the program should consider what other services could be available to meet the families needs. • If the program feels the family should be enrolled, they need to also consider their current capacity to take a family outside of the target area. The program should not enroll families outside the target area if it would mean preventing families in the target area from enrolling. The program should also consider the capacity of the staff to travel

		outside the target area and implications that would have. • The program should always contact their Program Contract Manager to discuss enrolling outside the target area/county to seek approval to do so.
ENROLLMENT	4. What do I do when the PC1 changes and the family wants to stay involved?	4. The program should ensure that the current PC1 is no longer willing/able to participate and that the "new" PC1 wants to stay involved. In the MIS the PC1 info should not be changed to maintain the integrity of the case. The screen, assessment and intake are based on the PC1 info at enrollment. • Case notes should be well documented noting the change in guardianship or care of the TC. • Document on the Home Visit log the change in guardianship or care of the TC and do the same in the Follow-up form. • The program should complete a new assessment (FROG) with the new PC1. This new assessment should be completed on a paper form and uploaded to case documents. • Once the new assessment (FROG) is completed on the new PC1, the program should develop a new Service Plan that identifies the strengths, risks,

		activities etc… of the new PC1. This will allow the home visitor to better tailor individualized services for the new PC1.
	5. What if a family is enrolled in another home visiting program? Can we enroll in HFNY?	5. Typically we do not enroll families in more than one home visiting program, but there can be exceptions. If you learn a family is enrolled in another home visiting program (Early Head Start, Perinatal and Infant Community Health Collaboratives etc…) the program should: a. The Home Visitor and Supervisor should consider if the services are duplicative and talk with the family to determine if one of the two programs can meet the needs solely. b. If the program is going to move forward with enrolling a family in HFNY if they are receiving other home visiting services, collaboration between the two programs is imperative. HFNY and the other home visiting program need to have clear guidelines on what each program is working on with the family.There should not be overlap in the services provided and clear goals and service planning should be in place. There should be a clear distinction and reasoning why the family would need

		to receive services from both programs. c. HFNY is required to administer and document the HFA/HFNY screens and assessments including the ASQ and ASQ-SE and will take on that responsibility. The HFNY program must communicate this to the other home visiting program to ensure that the family is not receiving the same services/screening/assessments from both programs. d. The HFNY program will want to consider transition planning to set timeframes on how long the family will stay engaged in both services. Enrollment in two home visiting programs should include a regular conversation in supervision. e. The HFNY program should consider their capacity and if keeping or enrolling a family in two home visiting programs will prevent families who are not receiving any services from accessing services. f. It is recommended that HFNY and other home visiting programs develop an MOU that includes the above details of their collaboration when enrolling the same families is a possibility.

	QUESTIONS	ANSWERS
PERSONNEL	1. What does the Child Development Specialist (CDS) do?	1. The Child Development Specialist reviews developmental screenings and brainstorms developmental activities with the FSS to do in the home to support the TC's development and the related parent-child interaction. The CDS is familiar with and trained on the latest version of the ASQ. The CDS may also facilitate parenting support groups to encourage the development of additional support systems as well as increase the parenting knowledge of families within the program/community. They also work closely with the FSS in assisting the family to create the family goal plan and identifying appropriate goals specific to the target child. The CDS may also assume an advocate role or support the program in advocating for the family and child regarding referral and acceptance into the Early Intervention and treatment programs.
	2. Who can be a Child Development Specialist?	2. While this position is often covered by a public health nurse or other health professional, it may also be covered by using an in-house Program Manager or Supervisor who meets the requirements, a contracted third party, or any combination of these.
	3. What is the selection criteria?	3. For selection criteria please go to the HFNY

		website: https://www.healthyfamiliesnewyork.org/Staff/Documents/Child%20Developmental%20Specialist.pdf

	QUESTIONS	ANSWERS
PERSONNEL	1. What is a Fatherhood Advocate (FA) ?	1. The Fatherhood Advocate is an FSS who provides direct service to fathers of children enrolled in the program via home visits. The FA provides education and support to parents of children ages 0 to 5 regarding child development, parent-child interaction, parental and child health and safety, and self-sufficiency skills. The FA also provides referrals to other community services, i.e., mental health, family violence prevention, substance abuse treatment and others. The frequency of visits is in accordance with HFA and HFNY standards.
	2. What are the Fatherhood Calls?	2. The Calls resulted from the work of the Fatherhood Committee. These calls consist of representatives from each program meeting for conversations on a quarterly basis to enhance and support HFNY's efforts to involve fathers in our program.
	3. Who participates in the Fatherhood Calls?	3. Any person interested in participating in these calls should reach out to their PM or Supervisor. Programs generally choose a point person or two for the distribution list that will share resources with their program.

	QUESTIONS	ANSWERS
PERSONNEL	1. What are the steps to complete when a staff person leaves HFNY?	1. When someone leaves your program you should update the Worker Form, end that person's access to the MIS and ask them to fill out the Exit Survey.
	2. Where can I find the link to the exit survey?	2. The link is located on the Staff side of the HFNY website, on the FRS, FSS and Supervisor pages. The survey is completely anonymous. It can also be accessed by clicking on the link below. https://albany.az1.qualtrics.com/jfe/form/SV_bgb8ZyJ5JZglsEJ
	3. How do I update the Worker Form?	3. The Worker Form in MIS is under Settings. Click on the Termination tab and enter the termination date and the Termination Reason.
	4. How do you end access to the MIS?	4. To end access to the MIS, send a ticket requesting the user to be deactivated.
	5. How can I advertise the open position on the HFNY website?	5. Please fill out the Job Posting Form and send to Cori Robohn crobohn@albany.edu https://www.healthyfamiliesnewyork.org/Media/pdf/job_listings/HFNYJobAnnouncement.docx

	QUESTIONS	ANSWERS
DEPRESSION SCREENING	1. What resources should I review before conducting my first PHQ2 or 9?	1. Before conducting the depression screen please review the following resources : https://www.hmpgloballearningnetwork.com/site/pcn/multimedia/phq-9-gold-standard-depression-assessment https://institutefsp.org/modules/adult-mental-health-part-two-perinatal-depression
	2. Where can I find information on depression and the screening process?	2. Check out the HFNY Policy that covers HFA Best Practice Standard 7-4.A. https://www.healthyfamiliesnewyork.org/Staff/Documents/HFNYSiteSpecificPolicyProcedures_Manual_FINAL_April_2021.doc
	3. Where can I find additional information on the PHQ2-9 schedule and scoring?	3. You can find this information in the MIS https://hfnymis.org/Docs/PHQ9-Procedures.pdf

	QUESTIONS	ANSWERS
ADVISORY BOARD	1. What is an Advisory Board?	1. The primary function of an Advisory Board is to advise the HFNY program in the planning, implementation and evaluation of program activities. Advisory Board members serve as representatives and advocates for the program. Advisory Boards are often crucial sources for referrals to the program and therefore can help with capacity building. The Advisory Board can provide needed support and resources for your program when faced with challenging issues (i.e., community violence, natural disaster, increasing rates of substance abuse, etc.)
	2. How do you form an Advisory Board and how should you consider who you invite to join?	2. In order to represent the diverse needs of your participants, it is important to seek members with a diverse set of skills, abilities, knowledge, interests and cultural characteristics (as determined by your site). You may want to consider a mixture of traditional members, such as health and human service organizations, as well as non-traditional members, such as private businesses and former program participants. In some HFNY regions, programs who share

A D V I S O R Y B O A R D	3. How often do meetings need to occur?	relationships with the same organizations (hospitals and other medical providers, WIC, community services, etc.) have formed combined Advisory Boards that cover several HFNY programs. If you are part of a shared Advisory Board, it is crucial that each program have time in the meetings to focus on its own unique planning, implementation and evaluation activities. The Agency Executive of the HFNY program (i.e., supervisor of the program manager) may be able to offer assistance in the formation and growth of your Advisory Board; they often have contacts at decision-making levels within organizations and private entities in your community. Many agency executives attend these meetings so they can stay connected to the program and also to support the program manager. 3. Meetings need to occur at a minimum of 1 time per quarter. During the start-up phase of a program or during times of transition (i.e., program expansion, program manager turn-over) more frequent meetings may be warranted.

ADVISORY BOARD	**4. What happens in an Advisory Board meeting?**	**4. Typically, the program manager initiates the agenda and requests input from other members. During the meeting, the group is updated on the program's efforts to achieve its stated goals and objectives and is consulted on specific issues facing the program and the community. Program managers share MIS reports and data to illustrate what is happening with the program, and often share information on referrals to the program from Advisory Board organizations. The *Screen/Referral Summary Report* in the MIS is a usual report for sharing this information. In addition, members are given the opportunity to share updates from their own organizations.**
	5. What role do Advisory Boards have with my Annual Service Review and Cultural Analysis and Plan?	**5. Programs need to demonstrate in their 4th quarter report that they have shared their Cultural Analysis and Plan with their Advisory Board and have obtained feedback to strengthen areas where opportunities for growth were identified.**
	6. How can I help to ensure attendance at meetings?	**6. Providing an opportunity for Advisory Board members to share updates and information from their own organizations can help with attendance. Talking with members about the best time of day and location for meetings to**

ADVISORY BOARD		occur will help to enhance consistent attendance. The key to a successful Advisory Board lies in assuring that members feel there is mutual support and benefit to their participation.
	7. What role do Memoranda of Understanding (MOUs) have with Advisory Boards?	7. You should ideally have a Memoranda of Understanding (MOU) with each member of your Advisory Board. The MOU should delineate your mutual relationship (i.e., Advisory Board member, prenatal referrals, training on a designated topic for staff each year, etc.) Memoranda of Understanding are renewed each year.
	8. Where can I find more information about Advisory Boards?	8. Look to other Program Managers about their successes and challenges with their Advisory Boards; they are one of your best resources. In addition, the Best Practice Standards GA-1 offers guidance on the function and composition of the Advisory Board. Plus, HFA has a video on their website about utilizing your advisory board https://www.healthyfamiliesamerica.org/network-resources/how-to-best-utilize-your-hfa-advisory-group/

INTERNAL QUALITY ASSURANCE	QUESTIONS	ANSWERS
	1. What is Quality Assurance (QA)?	1. Quality Assurance refers to how you monitor and maintain the quality of your program. It helps you preserve fidelity to the HFA model and protects you from model drift. The characteristics of Quality Assurance in our state system are: ▪ Transparent- everyone knows what to expect about the process ▪ Regular- it does not occur in response to a problem ▪ Routine- it is integrated into the work in a routine fashion ▪ Continuous- it occurs according to prescribed timeframes ▪ Systematic- there is a structure around the process and it is tracked
	2. What is the difference between Internal and External QA? Where can I find detailed information on expectations and requirements related to Internal and External Quality Assurance?	2. In HFNY we have both Internal and External QA requirements. Internal QA represents the activities you perform within your program, while External QA is implemented by the 3 branches of Central Administration. Internal and External QA consist of both practice and programmatic activities. <u>Examples of Internal QA</u>: a supervisor administering a participant satisfaction survey(practice), a program

INTERNAL QUALITY ASSURANCE	3. What resources exist to help me stay current with Internal Quality Assurance expectations and	manager observing a supervisor and home visitor in supervision (practice) and analyzing your Screen/Summary Referral Report (programmatic). Examples of External QA: PCANY visiting your program to do an observation of supervision (practice), CHSR reviewing your performance indicators with you (programmatic), OCFS doing a site visit (practice and programmatic). Paired together, these two categories of QA support our state system to implement the HFA model with fidelity. To find the requirements and expectations related to Internal QA, see the HFNY Site Specific Policy Manual on the HFNY website: www.healthyfamiliesnewyork.org/Staff/HFNYupdatedpolicies.htm The manual also contains information for practice QA for dual role staff. For specifics on requirements and expectations related to External QA, see the CA Manual (P-2.4) on the HFNY website: www.healthyfamiliesnewyork.org/Staff/caupdatedpolicyandappedices.htm 3. The QA Calendar is a comprehensive and colorful table developed by CHSR. It contains activities and timeframes for you to organize your program's Internal QA process. You can find it on the HFNY

	requirements?	**website:** www.healthyfamiliesnewyork.org/Staff/Documents/QA_quarterlyactivitiescalendar_PMs_and_Sups032021_not%20MIECHV.pdf **You can contact CHSR if you would like an electronic version so you can copy and paste into your own calendar and set up reminders for your QA activities.**

	QUESTIONS	ANSWERS
GROUP VISITS	1. What do we mean when we say "group visit?"	1. Programs engage families in a variety of group activities. These include but are not limited to: prenatal, breastfeeding, parenting-child interaction (play, reading, etc.) and culture and holidays.
	2. What level does a family need to be on for a group visit to be counted toward their required visits?	2. Only families on levels 1 and 1P may have one group visit a month count toward their required visits according to their level.
	3. Does the family's assigned FSS need to be at the group event for the group to be counted as a home visit?	3. No. In the past this was the case but no longer does the assigned home visitor have to be present for group visits to count toward the family's required visits according to their level.
	4. How many home visitors should be in attendance at the group in order for those present to be able to document CHEERS?	4. While there is no formula for this, programs should think about the planned activities and realistically consider the ratio of staff to families and whether it is sufficient for those staff to be able to capture the CHEERS and PCI occurring during the group.
	5. What are the MIS considerations for this group visit to be counted as a home visit?	5. The group visit must be documented by an HFNY-trained staff person (who does not need to be the assigned FSS) and includes CHEERS observations when the group included parent-child interaction time. Note: be sure the person who is facilitating the group is the person whose name is on the home visit log. Tip: You can copy and paste the description of what took place during the visit into multiple home visit logs.

	QUESTIONS	ANSWERS
CASE WEIGHTS	How do I manage/monitor case weights that exceed 30 points? For instance, when there are staff vacancies, staff turnover, when staff are on leave, and when the program is at capacity?	

MULTIPLE BIRTHS	QUESTIONS	ANSWERS
	1. How do I handle the TC ID/Birth Outcomes Form and the TC Medical Form?	1. A TC ID/Birth Outcomes form and TC Medical form is completed for each child.
	2. How do I adjust the family's level to account for the extra time needed by a home visitor when working with a family with multiples?	2. You can give the family an "Enhanced" designation to whatever level they are at to ensure that the home visitor has the time and space to adequately serve the family. This designation permanently provides .5 points to the current case weight for all levels, except for Temporary Reassignment. This MIS video called "Exploring the Case Home Page" https://youtu.be/4EdRv0LmRhY is a helpful resource if you need support on how to change various items on this page.
	3. How do we handle ASQs and ASQ-SEs	3. A separate ASQ and ASQ-SE is completed for each child.
	4. How do we assess for CHEERS?	4. For families on Level 1 and 2, the minimum requirement is to document CHEERS for one child during one week and the second child during the next week. When possible, document CHEERS for both infants during the same visit, with separate examples for each child. For families on Level 3 and 4, document CHEERS for both children for each visit.

	5. How do we handle the CHEERS Check-In (CCI)? 6. **How does working with a family with multiples impact the home visit narrative?** **7. What do we do when there are more than two babies?** .	5. A separate CCI is completed for each child. 6. Home visitors should remember to use language that distinguishes each child, for instance, referring to them by their first names rather than TC (Target Child) or FC (Focus Child.) 7. Everything above is the same for 2 or more babies, except for #4, the routine CHEERS assessment. HFA does not offer specific guidance for this and our HFNY network is crafting our approach. Stay tuned for more information. (February 2023)

	QUESTIONS	ANSWERS
A S Qs	1.What does ASQ stand for? 2. What does ASQ-SE stand for?	1. ASQ stands for the Ages and Stages Questionnaire which is a developmental screening tool that shows developmental progress in children between the ages of one month to 5 and a half years. It relies on parents as experts, is easy to use and creates a snapshot that allows catching delays early but also highlights the child's strengths. 2. ASQ-SE stands for the Ages and Stages Questionnaire: Social-Emotional. It's a parent-completed, highly reliable system focused on the social emotional development of young children.

A S Qs	**3. When should you not ask parents to complete the ASQ or ASQ-SE?** **4. What happens when scores fall in the gray area?**	**3. The main point of screening is to make sure children are assessed as early as possible and access early intervention services. If children are already diagnosed with a disability and or already receiving EI services, screening is redundant. If TC has already been screened and requires developmental services, the ASQ and ASQ-SE forms on MIS will still need to be added but you should check the 'TC already receiving Early Intervention Services' checkbox and not use the questionnaire with the family.** **4. Scores that fall in the gray area or monitoring zone, indicate that the child could benefit from some targeted intervention. It's always best to talk to the parents. Is it possible that the child has not had enough opportunity to try a skill? (child hasn't been allowed to use scissors, for example). You should discuss next steps with your supervisor and Child Developmental Specialist and use in FGP and Service Plan development. For more information follow the link https://agesandstages.com/wp-content/uploads/2017/04/Kids-in-the-monitoring-zone.pdf**

	5. Where can I get more information on ASQs and ASQ SEs?	5. You can read more about them here: https://brookespublishing.com/product/asq-3/ https://brookespublishing.com/product/asqse-2/