

FHV Reporting Guidance for 2016

In 2016, the Minnesota Department of Health (MDH) Family Home Visiting (FHV) Program will collect **individual-level data** on public health family home visiting clients and services on a quarterly basis. This data is being collected for evaluation of the Minnesota FHV program, and to meet federal reporting requirements.

Whose Data to Submit

Funding Source and Informed Consent

Data on FHV clients who were served using MIECHV or TANF funds should be reported to the MDH FHV Program, provided that the client has given informed consent to share part or all of their data with MDH. Local Public Health (LPH) departments may also report data on FHV clients served entirely with other funding sources, if the client has given the appropriate informed consent.

Dates of Service

Data is submitted to the MDH FHV Program as **sets**. A set is defined as the record of visit data for a client or caregiver-child dyad continuously enrolled in a particular FHV model from intake through closure. In 2016, local FHV programs should submit data for any sets that were open at any time during calendar years 2015 or 2016.¹ For example, if a client had an intake in 2013, and was closed in 2015, a set should be submitted to MDH for that client in 2016, which includes the entire set of visit data from intake to closure. See Appendix A, Frequently Asked Questions, for further examples.

Which Forms To Complete

Local FHV programs should continue to collect and submit data for the variables and questions on the January 2015 Family Home Visiting Evaluation Forms.

Reporting by Type of Program or Model

The Primary Caregiver Intake Form is required for all FHV sets submitted to MDH, regardless of type of program or model (NFP, HFA, Other Ongoing, or Short-Term/Limited). The Primary

¹ Please see the exception for MIECHV clients in the Frequently Asked Questions section.

Caregiver Closure Form and Child Intake Form should also be completed for all sets as applicable.

For families enrolled in NFP, HFA, or Other Ongoing (long-term) home visiting programs, additional forms are required when the child reaches the age interval on the form. There are forms for each six-month child age interval, beginning with the 6 Months Infant form, through the 66 Months Preschooler form. Please see the FHV Forms Guidance document for further information on when to complete each form. Age interval forms may also be submitted for families in short-term/limited home visiting programs, if the child reaches the age interval for a form.

For families enrolled in HFA, NFP, or Other Ongoing (long-term) home visiting programs, MDH requires that data be submitted for all questions on all forms, unless the question has respondent criteria that does not apply to the caregiver or family. For example, on the Primary Caregiver Intake Form, data should be submitted for all questions except for Question 23 “How many weeks pregnant are you now?” which is only required for prenatal clients, and Question 33 “What is your major medical care resource for health insurance?” which is only required if the client has health insurance. MDH will be monitoring the completeness of data submitted according to home visiting program type and client characteristics.

For families served by short-term/limited home visiting programs, the questions marked with an asterisk (*) on the January 2015 Family Home Visiting Evaluation Forms are required; other questions are considered optional. For more information on the definitions for each type of home visiting program, see Appendix B.

When to Submit a New Intake Form (Create a New FHV Set)

New Caregiver and Child Intake forms are required for the following situations:

- Caregiver-Child dyad changes home visiting program or model type
- Caregiver-Child dyad moves to another LPH department’s jurisdiction (i.e. changes Site²)
- Caregiver changes for a child
- Caregiver-Child dyad restarts an FHV program for which they have already had a closure form completed

For more information, please see the FHV Forms Guidance document.

² Data collected in the MAHF system is handled differently and currently does not require a closure and new caregiver and child intakes if the client moves to another MAHF jurisdiction and remains enrolled in MAHF-HFA. However, all of the client’s data in FHVRES will be associated with the original reporting jurisdiction.

NFP Forms and MDH NFP Supplemental Forms

For caregivers and children enrolled in NFP, local FHV programs should complete all forms required by the NFP model. In addition, the MDH NFP Supplemental forms should be completed in the Efforts-To-Outcomes (ETO) system when the child reaches the appropriate age interval. Alternatively, the interactive PDF/HTML supplemental forms should be used if the client's data was originally recorded using these forms. For more information, refer to Appendix C.

How to Submit Data

LPH departments, or their designees, will submit data to MDH using the secure Family Home Visiting Reporting and Evaluation System (FHVRES). MDH has certified several data system vendors as meeting standards for data submission to FHVRES.

In order to upload files, users will need to be a registered user of the Minnesota Electronic Disease Surveillance System (MEDSS), and have the appropriate MEDSS credentials. This process is described in the FHVRES user documents and can be requested by sending an e-mail to Health.FHVRES@state.mn.us.

For LPH users of the Metro Alliance for Healthy Families (MAHF) database, FHV data for families entered into MAHF will be submitted directly to MDH by MAHF, as agreed to between the LPH department and MAHF. For local public health users of the NFP ETO system, data entered into ETO will be submitted directly to MDH by NFP.

If a local FHV program is using a data collection system that is unable to submit data to FHVRES using an approved format, the local FHV program will use the FHV Evaluation Electronic Data Collection Forms Packet Program that was made available to LPH departments in October 2015. Data collected previously with the Interactive HTML forms can be imported and used with this new program. For more information, contact Health.FHVdata@state.mn.us. At this time, CareFacts users can continue to submit their data using the MDH Secure File Upload Page [Minnesota Department of Health File Upload Page \(https://apps.health.state.mn.us/mdh_upload/\)](https://apps.health.state.mn.us/mdh_upload/)

For technical assistance with extracting data from your data collection system for submission, or other questions related to using the data system/user interface, please contact your data collection system vendor (list below).

- CareFacts: Amy Anderson amy.anderson@healthcarefirst.com
- Nightingale Notes: Stacy Coleman support@champsoftware.com
- PH-Doc: Support Team supportdesk.wpark@xerox.com
- Metro Alliance for Healthy Families (MAHF): Scott Jara scott.jara@co.dakota.mn.us
- MDH Interactive HTML/PDF/Java Forms and FHVRES Help: Health.FHVRES@state.mn.us

Collection of Name and Address Data Elements

As described in TANF and MIECHV grant agreements, beginning in 2016 local FHV programs will submit identifying data elements in individual-level data for TANF and MIECHV clients, according to the level of informed consent given by the client. Clients may opt out of sharing some or all of their data with MDH. Local FHV programs should track clients who opt out of data sharing so that annualized aggregate totals of key demographics can be tabulated and submitted to MDH for reporting to the Legislature, and to the federal Health Resources and Services Administration (HRSA) for MIECHV-funded clients.

Below is a list of identifying data elements (as determined using HIPAA standards) that should be submitted according to the level of consent given by the client for data sharing with MDH.

Field Name	Full Consent	Exclude Personal identifiers ³	No Consent
Caregiver First Name	Required	Exclude	Local health departments should be able to report the number of caregivers that refuse to consent to sharing data with MDH
Caregiver Last Name	Required	Exclude	
Caregiver Maiden Name	Optional	Exclude	
Child First Name	Required	Exclude	
Child Last Name	Required	Exclude	
Site	Required	Required	
City	Optional	Exclude	
Zip Code	Required	Required if client ever funded with MIECHV	
Address	Optional	Exclude	
Caregiver ID	Required	Required	
Caregiver ID2	Optional	Optional	
Child ID	Required	Required	
Child ID2	Optional	Optional	
Caregiver Date of Birth	Required	Required	
Child Date of Birth	Required	Required	
Date of Visit ⁴	Required	Required	

³ Identifying data elements in this column are required because FHVRES needs these data elements to create an individual record. Zip Code is an exception – it is required for MIECHV clients only because of federal reporting requirements. Data elements marked as Exclude can be excluded from sets without impacting the operation of FHVRES.

⁴ Includes Date of First Visit, any other Date of Visit, and Date of Closure, if applicable.

When to Submit Data

The table below shows the reporting schedule for 2016. The due date for each quarterly data submission is the 10th day of the month following the end of each calendar quarter, or the next business day if the 10th day of the month falls on a weekend. This schedule is subject to change; changes will be communicated by the MDH Family Home Visiting Program via Tuesday Topics, the FHVRES user list, and other distribution lists. LPH departments that are not able to submit data by the due date should contact MDH at Health.FHVdata@state.mn.us.

Quarter	End of Quarter	Data submission deadline	Submit ALL data for FHV Sets that were:
Q1	March 31, 2016	April 11, 2016	Open at any time between 1/1/2015 and 3/31/2016
Q2	June 30, 2016	July 11, 2016	Open at any time between 1/1/2015 and 6/30/2016
Q3	September 30, 2016	October 10, 2016	Open at any time between 1/1/2015 and 9/30/2016
Q4	December 31, 2016	January 10, 2017	Open at any time between 1/1/2015 and 12/31/2016

Questions

Please direct questions regarding FHV reporting and data to the MDH Family Home Visiting Section Evaluation Unit at Health.FHVdata@state.mn.us.

Appendix A – Frequently Asked Questions

Question: What should we report in 2016?

Answer: Report all the data associated with any set that was open at any point in 2015 or 2016. This could include data for visits prior to 2015. In the examples in the table below, only Client #3 is not included in 2016 data submissions, because that client was closed before January 1st, 2015.

Example Set	Intake	Closure	Include in 2016 Data Submissions
Client #1	March 1st 2014	N/A (still open)	Yes
Client #2	January 1st, 2013	December 31st, 2015	Yes
Client #3	March 1st, 2014	October 31st, 2014	No

Question: How does FHVRES work to prevent the creation of duplicate records?

Answer: FHVRES looks at the combination of Caregiver & Child ID (if there is a child), Site, System Code, Model, and Dfirstvisit fields, in order to match any newly imported data with preexisting data. If there are no matching sets, it creates a new set. Thus, if users change any one of these fields and resubmit the data, they have created a new combination and FHVRES will create a new set instead of updating the existing set in FHVRES

Therefore, FHVRES users should not make changes to the following six fields in FHV sets you have already submitted the set to FHVRES:

- CaregiverID
- ChildID
- SysCode
- Site
- Model
- Dfirstvisit

If you need to make a correction to one of these fields, please contact the Minnesota Department of Health (MDH) FHVRES Team at Health.FHVRES@state.mn.us.

Question: If we have MIECHV data, should that be reported all the way back to beginning?

Answer: If you have already submitted all your data for MIECHV cases closed before 2015 to FHVRES, it is no longer necessary to resubmit this data.

Question: After I import data into FHVRES, I get missing data errors for Caregiver and/or Child name fields in the Import and/or Validation reports. The client has not consented to sharing that information with MDH.

Answer: The missing data errors for Caregiver and Child First Name and Last Name can be ignored if the client declines to share that information with MDH.

Question: Can I submit data for clients served before 2014?

Answer: FHVRES will not reject data files that contain data for clients served before the reporting timeframes described in the reporting schedule (see “When to Submit Data”). However, FHVRES will reject data if date values (for example, the date of first visit) is in the future.

It is not necessary to submit data for clients served before 2014, if their cases closed prior to 2015. If you have questions about correcting or changing data that was previously submitted to FHVRES, please contact the MDH Family Home Visiting Section Evaluation Unit at Health.FHVdata@state.mn.us.

Appendix B – FHV Program Types

The table below provides definitions for the home visiting program type categories collected by MDH.

Program Type	Definition
Short-term/limited FHV	Includes clients who received a Public Health Nursing assessment* by a PHN for the purpose of determining need for enrollment in an ongoing FHV program or identifying and achieving short-term FHV goals.
Other Ongoing FHV	Includes clients who received a Public Health Nursing assessment by a PHN and were subsequently enrolled in an ongoing Family Home Visiting Program to achieve long-term outcomes.
Healthy Families America (HFA)	Clients enrolled in a Family Home Visiting program following the HFA model.
Nurse-Family Partnership (NFP)	Clients enrolled in a Family Home Visiting following the NFP model.

* **Assessment:** A public health nursing assessment by a Public Health Nurse (PHN) to determine family income and level of family risk including but not limited to child maltreatment (refer to Family Home Visiting Statute M.S. 145A.17 for additional risk factors).

Appendix C – NFP Supplemental Forms

Guidance for Reporting NFP Supplemental Forms in the Efforts-to-Outcomes System

The NFP Efforts-to-Outcomes (ETO) system can now be used to enter NFP Supplemental form data for new clients. The names of the ETO assessments and the corresponding NFP Supplemental forms are as follows:

ETO Assessment Name	Current NFP Supplemental Form Name
MN Primary Caregiver Intake	NFP Primary caregiver intake
MN Child Intake	NFP 1 st postpartum visit
MN 6 Months Infant	Postpartum follow-up (6 months postpartum)
MN 12 Month Infant	Postpartum follow-up (12 months postpartum)
MN 18 Months Toddler	Postpartum follow-up (18 months postpartum)
MN 24 Month Toddler	Postpartum follow-up (24 months postpartum)
MN Primary Caregiver Closure	Primary Caregiver Closure

Note that there is a new assessment for family closure. It consists of the child maltreatment questions that are also now included in the closure form of the 2015 FHV Evaluation Data Collection Forms.

Before entering any Supplemental form data into ETO, please observe the following rules with regards to Maternal, Infant and Early Child Hood Home Visiting (MIECHV) and non-MIECHV data:

Non-MIECHV data

- Local Public Health must enter non-MIECHV Supplemental form data into ETO on all new NFP clients enrolled since July 1st, 2014.

MIECHV data

- Starting April 1, 2015, supplemental form data on newly-enrolled NFP MIECHV clients ONLY should be entered into the ETO system.
- Continue to use the PDF/HTML forms for any MIECHV clients enrolled before April 1st, 2015.

The Minnesota Department of Health has determined that it is not possible to merge a family's Supplemental data that was partially collected in the PDF/HTML forms and partially collected in the new ETO forms in FHVRES. MDH is looking at how this data could be merged prior to FHVRES import. Until this is resolved, MIECHV sites should continue to use the pdf or html forms for clients that were started with the PDF/HTML forms.