



FY2010-11 Colorado Nurse Home Visitor Program (NHVP)

ASSURANCE of INTENTION to Follow CASELOAD GUIDELINES

The 2006 NHVP audit conducted by the Office of the State Auditor included a recommendation to the CDPHE to work with the State Board of Health and the NHVP management partners to address program costs through caseload standards and attrition rates. More specifically, the Department should:

- (a) Determine why local sites are not achieving and maintaining caseload standards and develop strategies to help increase participation.
- (b) Establish guidelines for reducing caseloads and funding when sites do not meet caseload standards.
- (c) Provide attrition analyses to the local sites and develop specific strategies to reduce the level of addressable attrition at each local site.

It is understood that sites will not always reach 100% of their funded caseload due to factors such as (1) nurse turnover, (2) new nurses learning the NFP model, (3) caseload build-up over 7-9 months, and (4) sites developing adequate referral networks. Instead, a statewide baseline of an 85% active caseload of the total number of participants funded to be served within a given fiscal year has been set. Active clients are defined in the NFP Clinical Information System (CIS) as those that have had a nurse visit completed within 180 days. The CDPHE and the NHVP management partners will review site-specific active caseload trends covering a three-year period (current year and two years prior) to assess for legitimate caseload size variances and to arrive at site-specific funding recommendations based on a reasonable expected active caseload size. Please acknowledge review of this material by signing below.

Sites are expected to track their active caseload numbers using CIS reports and will be expected to report any caseload variations. Sites will be alerted to any issues they need to address to insure they are meeting active caseload expectations.

The NHVP mid-year budget adjustment process will be enhanced to consider year-to-date expenditures based on active caseload size. If a site has cost savings as a result of a lower active caseload, those dollars may be redistributed to another grantee site.

For sites indicating an active caseload deficiency (consistently below baseline over the three-year trend period), a Performance Improvement Plan will be required, including specific strategies and timelines for meeting active caseload expectations.

If a site does not meet the Performance Improvement Plan active caseload size expectation, a recommendation may be made to the State Board of Health to reduce the active caseload number and funding in the site's contract to be commensurate with the site's consistent performance.

The CDPHE contract will include active caseload size expectations as well as this plan as a means to formalize these requirements and to hold all parties accountable for maximum caseload and funding efficiency.

The CDPHE and NHVP management team will develop a detailed caseload maintenance process and timeline to guide and assist the sites in effectively managing caseload size, including implementation of proven strategies to retain clients or to recruit new participants to the program.

Name of Agency: _____

Name of Authorized Signer: _____

Signature of Authorized Signer: X _____

Date: _____