**Billing and Reporting Quick Fact Sheet**

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| Directions and definitions for Icapp/cbcap reporting and evaluation | |
| **reporting participants** | |
| ***Number of families*** | Count each household unit.  \*For separated/divorced persons co-parenting, it would be two parents, two families, one child.  \*For respite care for children in blended families, count all enrolled parents for whom child care duties are alleviated. If both parents are enrolled, but parenting separately, you may count as two families.  \*A pregnant mother would be counted as one family with one parent and no children. The baby will be counted as a child once born. |
| ***Number of children*** | For home visiting or parent development: Count each child living in the home under the age of 18.  For respite/crisis care: Count children receiving care. |
| ***How do we count other children (ie-step children or children of significant other) that are only in the home part of the time?*** | Count all children that routinely receive supervision/care from the adult receiving services. A child that is not present during the home visit, but resides in the home every other weekend should be counted, as that child theoretically benefits from the service the participant is receiving. |
| ***Number of parents/caregivers*** | For HV/PD: Count number of adults that attend class/visit and assume caregiving responsibilities. Parent/caregiver can include parents, step parents, grandparents, primary caregivers, and significant others of parents.  For two parent families, count any parent that has attended one or more sessions, regardless if they usually attend.  For respite care any documented adult that has their child care duties alleviated is considered a participant. |
| ***Number of new participants*** | A family/caregiver/child that has enrolled during the fiscal year/reporting month. |
| ***Number of participants completing services*** | This applies to persons enrolled in time-limited services. For example, a 12-week 24/7 Dads class, or a 3-session new parenting class is considered time-limited. An ongoing service, for example a support group for parents of children with disabilities |
| **Reporting service Provision** | |
| ***Number of sessions*** | An individual meeting with a family or group of families to provide the services as outlined in the proposal. In-home visits or group parent education sessions are counted in this group. |
| ***Number of series*** | A series is a collection of individual sessions that comprise an entire lesson plan. An example of this would be a 24/7 Dads course meeting weekly for 12 weeks. (1 series, 12 sessions.) |
| ***Group Sessions*** | A parent education class/meeting targeted towards serving multiple participants at the same time. |
| ***In-home Sessions*** | A parent educational session that takes place in a participant residence. |
| ***1:1 Sessions*** | A parent educational session that takes place with the participant anywhere other than the participant residence and is 1:1 between the parent educator and the family. Home visitation services that are conducted in the provider office would be an example of a 1:1 visit. |

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| ***What is not counted as a session?*** | Meeting with families that have been referred to discuss service options, but not receiving services. (Considered to be a “marketing session.”)  Home visits in which the family no call-no shows.  “Nest” store shopping trips. |
| ***SAP-Adult Education Session*** | A meeting with adults whose aim is to teach adults what they can do to keep children safer. Typically, the format will follow a curriculum or outline in which specific risk and protective behaviors are discussed. Examples of an adult educational SAP session include: *Stewards of Children* or *Nurturing Healthy Sexual Development* classes. It could also include “Parent Informational Sessions” that accompany child-focused education. |
| ***SAP-Public Awareness Presentation*** | A brief introductory presentation in which services/curricula are outlined, but not given. An example of this might be: discussing child-focused curricula with school principal, general conversations at an informational booth at a “back to school night”, or providing a brief overview of *Stewards of Children* curricula with a church group or Kiwanis. These sessions are typically more brief than an educational session and provide an overview of more in-depth information. Meetings with decision makers to market services or provide an overview would be considered public awareness presentations. |
| **Billing** | |
| ***Budget revisions cannot be applied retroactively*** | The month a budget is amended is the first month that can be billed utilizing the new budget. If a budget is revised in February, that is considered the “effective” month. Therefore, even if billing is submitted in March for the month of January, the January billing must utilize the original budget. |
| ***Items needed to process billing*** | Billing documentation must include the GAX and MER. In addition, the contractor must be current with all monthly reports prior to processing the billing. |
| ***When is billing due?*** | All invoices are due within 6 months of the end of the service month.  All billing for each fiscal year should be submitted by the 15th of the month following the end of the fiscal year. |
| ***When do I change my budgeted amounts on the MER form?*** | Only change the “Budgeted Amounts” line on the MER form if you have formally amended your budget following a shift of more than 10%. |
| **Evaluation** | |
| ***When to complete pretest protective factor surveys*** | Each new family should receive a protective factor survey upon enrollment for all respite, home visiting, parent development, or CBFTM services. |
| ***When to complete follow up protective factor surveys*** | For short-term programming complete a follow up survey after 6 months, or at the completion of the program.  For ongoing programming, complete a follow-up survey between 6-12 months. Each participant should receive a follow-up survey at least annually. |
| ***When do we give someone a pretest*** | A pretest should be given within the first three months of service, ideally shortly after enrollment.  For short-term services (ie-a 6 week parenting class) the pretest is ideally given at the first session or the beginning of the second session.  Participants may feel more comfortable giving forthright answers after the first two or three visits or group sessions. |

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| ***What if the family does not feel comfortable completing the survey?*** | If a family seems hesitant, you may remind participants that the results are confidential and de-identified, and their answers are combined with local and state groups to look at aggregate results.  For CBCAP: Contract indicates participants are required to complete the survey at the time of enrollment.  For ICAPP: Services are not dependent upon the participant completing the survey, though it is highly encouraged that all participants are offered the survey.  For ICAPP/CBCAP: We understand that it can be difficult to reach all participants with the survey, particularly for participants that may be in crisis receiving crisis care services. It is suggested that if the full survey is not able to be given at the time of enrollment (or first couple of meetings) that at least demographic information be collected and entered. |
| ***What is the process for conducting evaluations for sexual abuse prevention services?*** | Adult participants should complete an evaluation form following all adult-focused educational sessions. Adults participating in SAP public awareness presentations should not be asked to complete the survey. The survey tool can be found at <http://www.preventchildabuseiowa.org/> under Grantee section, under ICAPP Forms. |
| **Miscellaneous** | |
| ***How is primary, secondary, and tertiary prevention defined*** | **Primary Prevention**: Activities that are directed at the general population and that attempt to stop maltreatment before it occurs. |
|  | **Secondary Prevention:** Activities that target populations with one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. |
|  | **Tertiary Prevention**: Activities that focus on populations where maltreatment has already occurred and seek to reduce consequences of maltreatment and prevent recurrence. |
| ***How is disability defined?*** | A physical or mental condition that limits a person’s movements, senses, or activities. |