INSTRUCTIONS FOR COMPLETING MONTHLY ACCOUNTING OF ACTIVITIES REPORT, (MAAR)

Each HCC should submit a MAAR *(in Projects where there is more than one HCC)* and should complete the following information:

- ♦County name or Health District name
- ♦The month and year
- ♦HCC's (Coordinator) name
- ♦Phone number, including area code

COORDINATOR TIME:

Line 1 Count all Mondays through Fridays for the month. Include weekdays that are holidays. Enter this number on line 1.

Line 2 Enter total number of hours in your normal workday (7.5 or 8 hours).

Line 3 The number of Mondays through Fridays (line 1) is multiplied by the number of hours in a working day (line 2). Enter this number on line 3. Line 3 equals the total available hours that can be worked for the month. Please note, this number may NOT be the actually number of hours you worked for the month.

Line 4 Enter the total number of hours in the month that you did NOT work due to holidays or leave. This includes vacation hours, sick leave, inclement weather leave, leave without pay, or other types of personal leave.

Line 5 Subtract line 4 (hours you did not work) from line 3 (total hours available for the month) to get the total hours you actually worked in the month. Enter the number of hours actually worked on line 5.

COORDINATOR ACTIVITIES:

CATEGORY I: CLIENT SERVICES

Line 6 **Client Contact:** Report the total number of ***hours*** for activities in **6a - 6h** that are dedicated to client contacts in the column on the right. All of the activities in **6a – 6h** are considered **"direct"** client contacts and are counted towards the required 50% program requirements (see **NOTE** below).

NOTE: ***Client contact hours should be at least 50% of the total hours actually worked.***

TYPE OF CLIENT CONTACT:

The description of "one contact" is one letter, one ***successful*** phone call, ***each unsuccessful attempted phone call,*** one home visit, or one contact other than the ones identified. Coordinators should indicate the number of contacts per activity type in lines 6a-h.

6a. Letters: Include the total number of letters mailed on behalf of eligible children. Only standardized letters approved by the State Health Check Program staff should be used.

6b. ER Phone Calls: Include the total number of phone calls regarding Medicaid recipient emergency room visits. This total should include each successful and unsuccessful attempted phone call made or received by the HCC *(*or each HCC in projects where there are more than one HCC).*

6c. Delinquent/Missed Exam Calls: Include the total number of phone calls regarding delinquent/missed exams. This total should include each successful and unsuccessful attempted phone call made or received by the HCC or each HCC*.

6d. New Member Calls: Include the total number of phone calls regarding new member welcome calls. This total should include each successful and unsuccessful attempted phone call made or received by the HCC or each HCC*.

6e. All Other Phone Calls: Include the total number of other phone calls not defined in **6a – 6d**. *(For example: the HCC receives a call(s) from client with question regarding EPSDT/Due Process; receives call(s) from local DSS, doctor's office, etc.)*

6f. Home Visits: Include the total number of home visits on behalf of eligible children. If no one is home and you leave a note or letter specifically addressed to the parent or guardian, or a teen, containing information regarding the specific reason for the visit; this would be counted as one home visit. If the residence is vacant, or the family has moved, the attempted visit is not counted, but the time (number of hours) involved is included in line 6: Client Contact hours.

6g. Direct Contacts: Include the total number of direct contacts on behalf of eligible children. An example of a ***"direct contact"*** would be when a client comes into the office and the HCC(s) provides one-on-one assistance.

6h. Other Contacts: Include the total number of other contacts on behalf of eligible children. An example of ***"other contacts"*** would be a contact not defined in **6g**. You will need to briefly describe in **6j**.

6i. Total Contacts: Add line **6a – 6h** to get the total number of contacts.

6j. Describe: Please provide a brief description of the "other" contact recorded in **6h**.

Line 7 **Other Client-Related Activities:** These activities are related to the client, but do not involve direct contact with the client. The number of hours spent on each activity should be reflected on the lines for each type of activity. The total number of hours spent on other client-related activities should be reflected in the column on the right. The activity types are defined as:

7a. Client Advocacy and Referrals: Include all time spent contacting individuals/agencies on behalf of a client. Arranging or scheduling services, arranging transportation, contacting a physician's office, health department, hospital, DSS, day care center, etc. for a specific client.
7b. AINS/Ad-hoc Reports: Include the number of hours spent running ad-hoc reports and working with AINS.

7c. Charting Client Contacts: Include the time you spent charting on paper client contacts.

7d. Other*: Total hours spent on all other types of client contacts should be recorded here.

***7e.** Please provide a brief description of the type of contact.

Line 8 **Subtotal Client Activities:** Add the total number of hours for activities in the Client Services Category (Add lines 6 and 7).

NOTE: ***This should be at least 75% of the "Total Hours Actually Worked".***

CATEGORY II: OUTREACH

Line 9 **Provider Outreach:** Enter total hours spent contacting providers for the purpose of outreach, **not Client Advocacy.** These contacts are to provide information about the Health Check (Line 9a.) or Health Choice (Line 9b.) Programs Providers include medical care providers, including pediatricians, family practice physicians, specialist, nurse practitioners nurse midwives, hospitals, community, rural, migrant or Indian health centers, health departments, dentists, etc.

Line 10 **Community/Client Outreach:** Enter hours spent contacting representatives of community groups and organizations such as church groups, civic groups, neighborhood or community groups, parents group, etc., for the purpose of informing about Health Check (10a.) or Health Choice (10b.). Also include time spent presenting programs and staffing exhibits, tables, booths at health fairs, shopping centers, conferences, etc.

Line 11 **Subtotal of Outreach Activities:** Add line 9a, Provider Outreach and line 10a, Community/Client Outreach. Add line 9b and line 10b. Include the results as line 11a; and 11b, Subtotal of Outreach Activities.

Health Check or Health Choice Note: ***Since the Health Check and Health Choice Programs are marketed together, only list Health Choice activities if you were solely conducting outreach on behalf of the Health Choice Program. If you were conducting outreach on behalf of Health Check or both programs, the activity should be accounted for under Health Check.***

CATEGORY III: OTHER

Line 12 **Non-Client Related Health Check Activities:** Enter the amount of time spent each month on activities not related to the client, but related to the Health Check or Health Choice Program. Examples could be providing or receiving Health Check or Health Choice training or conducting other activities that are not client related and has not been included in previous activity categories. These activities could include time completing the MAAR Form (12a.), attending workshops or conferences, and meetings directly related to the Health Check or Health Choice Programs (12b.), and preparing for, or attending a Health Check Site Visit (12c.). Please indicate the hours per activity in the space provided next to each activity listed. If hours are accounted for in the “Other” (12d.) line item, please provide a brief description of the activity at line 12e.

Line 13 **Non-Program Related Activities:** Enter the time spent during the month on any other activity not listed in the activity categories above. This should include activities not related to Health Check or Health Choice such as attending general staff meeting (13a.) or meetings on personal safety or insurance plans. If hours are accounted for in the ”Other” (13b.) line item, please provide a brief description of the activity on line 13c.

Line 14 **<u>Subtotal of Other Activities:</u>** Add lines 12 and 13 to obtain the "Subtotal of Other Activities."

Line 15 **<u>Total Hours Actually Worked</u>:** Add the total number of hours in each category (lines 8+11a+11b+14) together for the "Total Hours". Enter total in the column on the right.

NOTE: ***This total number of hours must be the same as the number of hours on line #5.***

SIGNATURES

Both the HCC and the Supervisor must sign and date the MAAR Form.

NOTE: The MAAR Forms are due to the Health Check Unit, DMA by the 10th day of each month. If unable to complete the MAAR by the deadline, notify the State Health Check Staff of the delay. MAAR Forms may be mailed or faxed to DMA.

Mail MAAR Forms to:
Health Check Consultant
DMA Managed Care/Health Check Unit
2501 Mail Service Center – Unit 16
Raleigh, NC 27699-2501
Courier # 56-20-06

Fax MAAR Forms to:
(919) 715-5235
ATTN: Health Check Consultant