

## *Health Check Outreach Project Site Visit Form*

*Date of Site Visit:*

*County:*

*Health Check Coordinator(s):*

*Supervisor:*

### **I. Review the Health Check Participation Data for recent years:**

SFY	County Participation Rate:	State Participation Rate:
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### **II. Review the specific age categories and point out areas for improvement.**

Ages where participation data drops:

### **III. Review the priorities for following children in the county. Indicate areas for improvement from the participation data. Ask the HCC to develop activities for the Annual Plan based on the ages that need improvement.**

### **IV. Review the Annual Plan and discuss strategies for meeting the participation goals. (TO BE COMPLETED BY HCC)**

Were the strategies for increasing the participation rate listed in the Annual Plan effective?

If so, what activities worked and why?

If not, what activities should be eliminated or modified?

Are there activities that can be added? (such as local Provider Meetings, Kindergarten registrations, etc.)

**V. Discuss ED Project and follow-up and Community Care activities.**

**(TO BE COMPLETED BY HCC)**

Is the HCC using the DMA data for follow-up?

Is the HCC getting “real time” data from the CCNC network in the county?

Is the HCC using the Case Manager system to record follow-up activities?

Does the HCC attend local Community Care meetings such as Medical Management, Steering Committee meetings or local staff meetings?

What other local Community Care activities does the HCC participate in?

**VI. List all other committee meetings in which the HCC participates. (at the Health Department and in the community). (TO BE COMPLETED BY HCC)**

**VII. List all Health Fairs in which the HCC participates. (TO BE COMPLETED BY HCC)**

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**VIII. Provider Visits – (TO BE COMPLETED BY HCC)**

	Does the HCC attend local Provider Visits with the DMA Managed Care Consultant? <i>(please list)</i>
	Does the HCC do regular provider visits with local providers in the community? <i>(please list)</i>

**IX. Regional/ State Meetings -**

	Does the HCC attend local regional HCC Meetings with the DMA Managed Care Consultant?
	Does the HCC attend the mandatory state meetings?

**X. Review forms that are sent to DMA –**

	Annual Plan Reviewed
	Budget Reviewed
	MAAR Reports Received
	COCR Forms Received

**XI. Review the MAAR forms.**

	50% Direct Client Contact
	75% Client Related Activities

**XII. Review HCC activities reported on the MAAR form. (TO BE COMPLETED BY HCC)**

	<ul style="list-style-type: none"><li>• Phones Calls</li><li>• Letters Sent</li><li>• Home Visits</li><li>• Other</li></ul>
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Signatures:

Health Check Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Health Check Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Health Check Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Health Department Director \_\_\_\_\_ Date \_\_\_\_\_

DMA HC Consultant \_\_\_\_\_ Date \_\_\_\_\_

DMA MC Consultant \_\_\_\_\_ Date \_\_\_\_\_

DMA HC Program Manager \_\_\_\_\_ Date \_\_\_\_\_