

# Appendix J

## Sample Child and Teen Checkups (C&TC) Report

Below is an example of a Child and Teen Checkups (C&TC) Template that the Department of Human Services (DHS) will provide to Integrated Health Partnerships (IHPs) for purposes of reporting on their C&TC Outreach efforts.

### Child and Teen Checkups (C&TC) Outreach Report – Integrated Health Partnerships (IHP) Contract

#### Name of IHP

Click here to enter text.

#### Primary Contact for C&TC Outreach

**Name:** Click here to enter text.

**Title:** Click here to enter text.

#### Report for Contract Year:

January 1 – December 31, 2024

**Email:** Click here to enter text.

**Phone:** Click here to enter text.

#### Instructions

- Please complete this report and submit to the IHP Admin email at [IHP.Admin.DHS@state.mn.us](mailto:IHP.Admin.DHS@state.mn.us) no later than **March 1, 2025**.
- This is the 2<sup>nd</sup> C&TC outreach reporting template provided to IHPs. This report covers C&TC outreach activities performed by the IHP over a span of 12 months from January – December.
- Submission of the C&TC outreach report will fulfill requirement for submission under the Child and Teen Check-ups Outreach Report in your IHP contract.
- Reports will be due to DHS by March 1 following the close of each performance period. For example, this report will be due March 1, 2025.

**This reporting template is not intended to solicit or capture C&TC outreach information for specific IHP-attributed individuals. DO NOT submit individually identifiable information on this report.**

## IHP C&TC outreach program

Please report on the following aspects of IHP's C&TC outreach program. Please provide sufficient detail to allow DHS staff to effectively understand your efforts. Supporting documents such as example outreach materials or newly developed tools are helpful to include with your submission so we have a complete picture of the work you are doing. **When thinking about the type of information to include in the C&TC outreach report, please err on the side of including more detail rather than less.**

1. **Did the IHP conduct outreach to all of the beneficiaries and/or their families identified within the quarterly C&TC attribution reports provided by DHS?** *If the IHP was not able to conduct outreach to all of the beneficiaries and/or their families, what was the estimated proportion of that population that your IHP was able to successfully reach out to? Please also provide a brief description of the reason your IHP was unable to conduct outreach to all of the identified population.*
2. **IHP C&TC outreach program narrative description:** *Please describe the process, work flow, and monitoring by the IHP for C&TC outreach at the population-level (i.e., not individual-level member attestation). This should include the process(es) used to ensure the minimum outreach of once per year was accomplished and descriptions of any changes that were made to the process since your last C&TC Outreach Report submission.*
3. **Narrative description of one or more outreach event(s) or strategy(ies) that was most effective and why:**
4. **Narrative description of your collaborative efforts with WIC, Head Start, Maternal Child Health programs, schools, and/or other social service agencies:**
5. **Narrative description of the self-assessment process IHP used to evaluate program progress, effectiveness, and compliance:**
6. **Narrative description of the process used for selecting, monitoring, and evaluating subcontractors, if applicable:**

7. **Narrative description of any additional information you’d like to submit that demonstrates the extent of outreach activities conducted, including descriptions of group outreach events:**

8. **IHP C&TC outreach program contact person:** *Please ensure you’ve supplied the name, title, phone number, and email address for the primary contact for the IHP’s C&TC outreach program on the first page of this report. If the IHP has more than one contact person, please feel free to include additional individuals below.*

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Email:** Click here to enter text.

**Phone:** Click here to enter text.

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Email:** Click here to enter text.

**Phone:** Click here to enter text.

9. **Attestation: IHP maintained individual-level documentation.** *It is important that IHPs maintain sufficient documentation on their C&TC outreach activities on an individual child or family basis, whenever possible. IHPs will not be required to collect or report on the individual-level from group C&TC outreach events. While DHS won’t require that IHPs submit this individual level information on a regular basis, we may request this information in order to comply with federal requirements and/or as part of an audit, compliance check, or other accountability efforts.*

I attest that IHP has maintained individual-level documentation including the following:

- a. Specific mode or manner of outreach to individual children and their families or guardians attributed to the IHP and date(s). (e.g., IHPs must track which children and families received specific mailings, text messages, or phone calls, and when.); and
- b. Individual family responses to C&TC program participation, indicating whether a member or family (a) accepted, (b) declined, or (c) gave an undecided response or failed to respond to an outreach.

NAME OF PERSON COMPLETING (PLEASE PRINT)	TITLE	
SIGNATURE		DATE

*The remainder of this page intentionally left blank.*