

ASSESSMENT REVIEW PACKET

HCP A program for children & youth
with special health care needs

www.hpcolorado.org



COLORADO
Department of Public
Health & Environment

Assessment Review Instructions:

After concluding your Assessment Review, please choose one of the following:

- Family will continue with HCP Care Coordination → if yes, complete the Follow-up survey
- Family will be inactivated → if yes, complete the Exit survey
- Family lost to follow-up. Family will be inactivated → if yes, proceed to Inactivation.

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HCP Follow-up Survey

1a. Do you have a place where you regularly take your [child/youth] for routine health care?

[Talking point: a place other than the hospital emergency room or urgent care]

- Yes
- No
- Refused

1b. Do you have a place where you regularly take your [child/youth] for dental care?

- Yes
- No
- Refused
- N/A – No teeth have erupted [below the age of 1]

2a. During the past 6 months, has your [child/youth] gone to a hospital emergency room?

- Yes
- No
- Refused

b. If yes, how many times in the past 6 months? # _____

c. How many times was [he/she] admitted to the hospital? # _____

3. Does your [child/youth] currently have any public or private health insurance?

- Yes
- No
- Refused

4. Does your [child/youth]'s health insurance pay for all of the health services [he/she] needs?

- Yes
- No
- Don't Know / Not Sure
- Refused

5. Is the current amount of HCP Care Coordination your [child/youth] is receiving enough to meet most or all of your family's needs?

- Yes
- No
- Don't Know / Not Sure
- Refused

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6. Has any care provider talked with you and your [youth] about [his/her] needs as [he/she] becomes an adult? (ages 14-21 only)

[Examples: waitlists for adult services, obtaining state ID, SSI application, registering to vote, post-secondary education, career pat, etc.]

- Yes
- No
- Don't Know / Not Sure [youth directs own care; parent/guardian not included]
- Refused
- N/A - child is not of qualifying age

7. Has anyone discussed with you and your [youth] how to obtain or keep some type of health insurance coverage as [he/she] becomes an adult? (ages 14-21 only)

- Yes
- No
- Don't Know / Not Sure [youth directs own care; parent/guardian not included]
- Refused
- N/A - child is not of qualifying age

8. During the past 6 months, about how many days did you or other household members miss work because of your [child/youth]'s special needs?

- # _____
- Don't Know/Not Sure
 - Refused
 - N/A – parent unable to work due to [child/youth]'s needs
 - N/A – parent unemployed; unrelated to [child/youth]'s needs

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HCP Exit Survey

1a. Do you have a place where you regularly take your [child/youth] for routine health care? *[Talking point: a place other than the hospital emergency room or urgent care]*

- Yes
- No
- Refused

1b. Do you have a place where you regularly take your [child/youth] for dental care?

- Yes
- No
- Refused
- N/A – No teeth have erupted [below the age of 1]

2. If your [child/youth] needed to see a specialist or medical provider, was seeing a provider a problem for any reason?

- Yes
- No
- Refused

3. In your opinion, how is the overall communication and working relationships between all of the people who provide medical care and services to your [child/youth]?

- Excellent
- Good
- Fair
- Poor
- Don't Know / Not Sure
- Refused

4. In your opinion, are you included in decisions made about [child/youth]'s care?

- Always
- Sometimes
- Never
- Don't Know/Not Sure
- Refused

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5a. During the past 6 months, has your [child/youth] gone to a hospital emergency room?

- Yes
- No
- Refused

b. If yes, how many times in the past 6 months? # _____

c. How many times was [he/she] admitted to the hospital? # _____

6. Does your [child/youth] currently have any public or private health insurance?

- Yes
- No
- Refused

7. Does your [child/youth]'s health insurance pay for all of the health services [he/she] needs?

- Yes
- No
- Don't Know / Not Sure
- Refused

8. Was the amount of HCP Care Coordination your [child/youth] was receiving enough to meet most or all of your family's needs?

- Yes
- No
- Don't Know / Not Sure
- Refused

9. Has any care provider talked with you and your [youth] about [his/her] needs as [he/she] becomes an adult?
(ages 14-21 only)

[Examples: waitlists for adult services, obtaining state ID, SSI application, registering to vote, post-secondary education, career pat, etc.]

- Yes
- No
- Don't Know / Not Sure [youth directs own care; parent/guardian not included]
- Refused
- N/A - child is not of qualifying age

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10. Has anyone discussed with you and your [youth] how to obtain or keep some type of health insurance coverage as [he/she] becomes an adult? (ages 14-21 only)

- Yes
- No
- Don't Know / Not Sure [youth directs own care; parent/guardian not included]
- Refused
- N/A - child is not of qualifying age

11. During the past 6 months, about how many days did you or other household members miss work because of your [child/youth]'s special needs?

- # _____
- Don't Know/Not Sure
 - Refused
 - N/A – parent unable to work due to [child/youth]'s needs
 - N/A – parent unemployed; unrelated to [child/youth]'s needs