

**Community-Centered Health Home (CCHH)
Health Visit Protocol**

Within 24/48 hours

CCHH Health Manager:

- Welcomes/visits client's with Refugee Resettlement Agency (Volag) Case Manager/interpreter
- Asks about any immediate health concerns
- Discusses timeline and services (Health screening/immunizations- Green card app)
- Educates on ER and Urgent care (create informational sheet with contact info/locations for specific health services and present it to the family? 2 columns: one side written in English, the other in their preferred language?)
- Introduces differences of US health care/introduces Medicaid
- Schedules return visit with NMHC



***NMHC and Volag staff review client's overseas medical records and fills out pre-screening arrival forms*
Volag Schedules 1st Health Screening**



Within 10 days

- NMHC Nurse Case Managers, CCHH Health Manager and Volag Case Worker/interpreter visit with clients
- NMHC introduce themselves and their role
- Health workers ask questions related to health assessment (create/use questionnaire/assessment? Use Health care utilization survey?)
- Health workers go over basic cultural orientation topics. CCHH Health Manager signs off on checklist
 - Orientation Checklist
 - Screenings/Immunizations (repeat from first home visit)
 - Health care coverage (slight repeat from first home visit)
 - Medical care
 - Mental health
 - HIV/AIDS
 - Personal and public hygiene
- CCHH Health Manager gives date and time of 1st scheduled health screening



***Health Screening, PCP referral (iCare enrollment as needed)**



Within 90 days

- CCHH Health Manager and CHW (with help from Nurse Case Manager) host health workshops covering various health topics
- Address ongoing health needs

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