

Adult Health Risk Assessment (HRA) Stratification Matrix

All questions in the HRA are asked to each new member with a Seniors and Persons with Disabilities (SPD) aid code and/or California Children's Services (CCS) identifier. All SPD/CCS beneficiaries are treated as high risk initially, per policy MCCP2019. The responses noted below are used to determine if an SPD/CCS member should be referred to a Social Worker (MSW); or Nurse Case Manager (NCM) for development of an individualized care plan (ICP). If there is any uncertainty, then the referral should be sent to a NCM. If the member identifies all "no" answers, please send a "Welcome Letter".

(Question #)	Response	High Risk	High Risk
		(MSW)	(CM)
(1) What is your preferred language?	English		
	Spanish		
	Russian		
	Mandarin		
	Tagalog		
	Other		
(2) What was your gender at birth?	Male		
	Female		
	Other		
(3) What do you prefer to be called	he/him/his	(if different)	
	she/her/hers	(if different)	
	they/them/theirs	(if different)	
	other		
(4) Do you ever have trouble communicating due to hearing, vision, or speech problems? If yes, do you need special materials/equipment?	Yes		
	No		
	Yes		X
	No		
(5) Do you have a regular doctor?	No		
	Yes		
(6) Do you see a Specialist (a doctor that specializes in certain health conditions, like a cardiologist, nephrologist, oncologist, or other doctor)?	No	X	X
	Yes		
(7) Do you feel your doctor(s) understand(s) your overall medical needs?	No		
	Yes		

(Question #)	Response	High Risk (MSW)	High Risk (CM)
(8) Do you need to see a doctor within the next 60 days? If yes, do you already have an appointment scheduled?	No		
	Yes		X
	Yes		
	No		X
(9) Do you get services or care from a Regional Center?	No		
	Yes	X	
(10) If you are female , are you pregnant?	No		
	Yes		X
(11) Have you been to the emergency room two (2) or more times in the last twelve (12) months?	No		
	Yes		X
(12) Have you been admitted to the hospital in the last twelve (12) months?	No		
	Yes		X
(13) Are you using medical equipment or supplies such as a hospital bed, wheelchair, walker, or ostomy bags? If yes, do you need help obtaining more supplies?	No		
	Yes		
	No		
	Yes		X
(14) Do you smoke or use tobacco products? If yes, would you like help quitting?	No		
	Yes		
	No		
	Yes	X	
(15) Do you use home oxygen?	No		
	Yes		X
(16) How many prescription medications do you take each day?	> 8		X
(17) Have you ever been diagnosed with any of the following health conditions? (check yes or no for each of the conditions below)			
California Children's Services (CCS) condition	Yes		X
	No		
Asthma/Lung Problems	Yes		
	No		
Heart Problems	Yes		
	No		
Diabetes	Yes		
	No		
HIV or AIDs	Yes		
	No		
Kidney Disease	Yes		
	No		

(Question #)	Response	High Risk (MSW)	High Risk (CM)
Seizures	Yes		
	No		
Cancer	Yes		
	No		
Medical Therapy Program or Unit (MTP/MTU)	Yes		X
	No		
<i>If yes to any, do you see a doctor or specialist or any of the condition(s) above?</i>	No		
	Yes		
<i>If yes to any, have you ever had any surgeries for these conditions?</i>	Yes		X
	No		
Do you need help finding a doctor to help you with any of the condition(s) above?	Yes		X
	No		
(18) Have you ever been told you have a mental or behavioral health condition such as depression, bipolar disorder, or schizophrenia?	No		
	Yes	X	X
Do you need help finding a doctor to help you with a mental or behavioral health condition?	No		
	Yes	X	X
(19) Would like more information about how to improve your health or stay healthy?	No		
	Yes		X
(20) Do you need help with any of these Actions? (list follows)	No		
	Yes		
If yes, are you getting all the help you need?	No	X	
	Yes		
(21) Can you live safely and move easily around your home? (list follows)	No to any	X	X
	Yes		
(22) I would like to ask you about how you think you are managing your health conditions	No	X	
	Yes to any	X	
Do you need help taking your medications	No		
	Yes		X
Do you need help filling out health forms?	No		
	Yes	X	
Do you need help answering questions during a doctor's visit?	No		
	Yes		X
(23) Which of the following answers best describes how you feel with your medical needs? (check all that apply)	No		
I sometimes forget what I am supposed to do for my health			
I can't afford all of the things I need to take care of myself	Yes		X
It's hard to read or understand directions at times	Yes	X	
I'm confused about what I really need to do for my health	Yes		X
I don't think it is necessary to do what my doctor says all of the time	Yes		X
I don't understand my medical needs	Yes		X
I feel confident that I know how to take care of what I need	Yes		X

(Question #)	Response	High Risk (MSW)	High Risk (CM)
(24) Do you have family members or others willing and able to help you when you need it?	Yes		X
	No		
(26) Do you ever think your caregiver has a hard time giving you all the help you need?	No	X	
	Yes	X	
(26) Are you afraid of anyone or is anyone hurting you?	No		
	Yes	X	
(27) Is anyone using your money without your okay?	No		
	Yes	X	
(28) Have you had any changes in thinking, remembering, or making decisions?	No		
	Yes	X	X
(29) Have you fallen in the last month? Are you afraid of falling?	No		
	Yes		X
	No		
	Yes	X	X
(30) Do you sometimes run out of money to pay for food, rent, bills, and medicine?	No		
	Yes	X	
(31) Over the past month (30 days), how many days have you felt lonely?	No		
None – I never feel lonely			
Less than 5 days			
More than half the days (more than 15)			
Most days – I always feel lonely		X	
(32) In general, would you say that your health is?		X	
	Excellent		
	Very Good		
	Good		X
	Fair		X
	Poor		X