

Pediatric Health Risk Assessment (PHRA) 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 MPCP2019. 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)	(NCM)
(1) Who is answering the questions on this survey?	Self		
	Other		
(2) What is your preferred language?	English		
	Spanish		
	Russian		
	Mandarin		
	Tagalog		
	Other		
(3) Does your child have difficulty with any of the following? (Choose N/A if you would not expect other children at this age to be able to this this on their own)	Yes		
	No		
If yes to any of the above, does your child get all the help they need?	Yes		
	No		X
(4) Does your child get services from a Regional Center that provides care for people with developmental disabilities?	Yes	X	
	No		
	Not Sure	X	
(5) Does your child receive any of the following services?			
Speech Therapy	Yes		X
Physical Therapy	Yes		X
Occupational Therapy	Yes		X
Respiratory Therapy	Yes		X
Nursing Services	Yes		X
Mental or Behavioral Therapy	Yes	X	
Individualized Education Plan (IEP) or 504 Plan or other learning support	Yes		X
Other supportive services			X

(Question #)	Response	High Risk (MSW)	High Risk (NCM)
(6) In general, would you say that your child's health is	Excellent		
	Very Good		
	Good		X
	Fair		X
	Poor		X
(7) Does your child have any allergies? (list follows)	Yes		X
	No		
(8) Does your child use medical equipment (DME) or supplies that were ordered for your child's specific needs? (list follows)	Yes		X
	No		
(9) What is your child's current height/weight?			
(10) Has your child ever had surgery?	Yes		X
	No		
	Don't Know	X	
(11) Have you been to the emergency room (ER) in the last 6 months?	Yes		X
	No		
	Don't know	X	
(12) Has your child been in the hospital overnight in the past 6 months?	Yes		X
	No		
	Don't know	X	
(13) What medications does your child take? Please include prescriptions, over-the-counter medications, vitamins, herbal supplements and other remedies. Start with the medications your child is taking now, and then add medications your child has taken in the past.	Medications Listed		X
	No Medications Listed		
(14) Have you ever been told by a medical professional you that your child has any of the following problems? For each problem, check whether it is a problem now or was a problem in the past. (check yes for any conditions marked)	Yes		X
	No		
(15) Does your child need a specialist to provide care for any of these conditions?	Yes		X
	No – has a provider		
	No – Specialist Not Needed		
(16) Who are your child's medical providers?			
Primary Care Provider			
Specialty Care Center			

(Question #)	Response	High Risk (MSW)	High Risk (NCM)
Regular Dental Care			
Regular Vision Care			
Ongoing care from Mental or Behavioral Health Specialist			
My child does not get regular care from any provider – do you need help choosing a provider for your child?	Yes		X
	No		
	Don't Know		X
(17) Have your child's medical conditions caused him/her to miss activities, work, or school in the past year?	Yes	X	
	No		