Instructions for Completing Medicaid Member Health Screening Form

Step 1: Please complete the fillable form and do not skip any questions. Fill all information in as completely as possible.

Step 2: Print out the completed Health Screening form and place it in an envelope.

Step 3: Copy the below address onto an envelope, attach a stamp, and mail the sealed envelope.

Government Programs
824 N Military Hwy #200
Norfolk, VA 23502

Congratulations! You have completed the Health Screening process. If we have any questions, we will give you a call.

Member Health Screening

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OptimaHealth

Member Information

Last Name: _____ First Name: _____

*Medicaid ID #: _____ ID # (plan): _____

Contact/Phone: _____ Primary Care Provider: _____

Primary Care Provider NPI: _____ *Date Screening Completed: _____

* fields will be validated and errors returned to plan for correction

PART 1 - Medically Complex Classification Questions

Question 1: Have you ever been diagnosed by a doctor, nurse, or healthcare provider, with any of the following (**please check all applicable boxes**):

- ☐ Cancer (Active)
- ☐ COPD or Emphysema
- ☐ Diabetes
- ☐ Heart Disease, heart attack, heart failure (weak heart)
- ☐ HIV or AIDS
- ☐ Kidney Failure or End Stage Renal Disease (ESRD)
- ☐ Parkinson's Disease
- ☐ Sickle Cell Disease
- ☐ Stroke, Brain Injury or Spinal Injury
- ☐ Transplant or on a transplant wait list
- ☐ Other chronic (long term) disabling condition

IF OTHER, Member Complexity Attestation must be completed

Question 2: Do any of the chronic conditions you checked above impact your ability to complete everyday tasks **AND** require you to receive assistance with any of the following (**please check all applicable boxes**):

- ☐ Bathing
- ☐ Dressing
- ☐ Eating
- ☐ Using the bathroom
- ☐ Walking

Question 3: Are you pregnant?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

If yes, then when is your due date? _____

Question 4: Have you ever been diagnosed by a doctor, nurse, or healthcare provider, with any of the following (**please check all applicable boxes**):

- ☐ Alcoholism
- ☐ Bipolar Disorder or Mania
- ☐ Depression
- ☐ Panic Disorder
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Psychotic Disorder
- ☐ Schizophrenia or Schizoaffective Disorder
- ☐ Substance Use Disorder or Addiction
- ☐ Other chronic (long term) mental health condition

IF OTHER, Member Complexity Attestation must be completed

Question 5: Do any of the conditions you selected above keep you from completing everyday tasks?

- ☐ Yes
- ☐ No

Question 6: Do you have an intellectual or developmental disability and require help with any of the following: **(please check all applicable boxes):**

- ☐ Learning or Problem-Solving
- ☐ Listening or Speaking
- ☐ Living on your own
- ☐ Making decisions about your health or well-being
- ☐ Self-Care (bathing, grooming, eating)
- ☐ Travel/Transportation (driving, taking the bus)

PART 2 - Social Determinants of Health and Health Risk Assessment Triage Questions:

Question 1: What is your housing situation today?

- ☐ I have housing
- ☐ I am worried about losing my housing
- ☐ I choose not to answer this question
- ☐ I do not have housing
  - ○ Staying with others
  - ○ Living in a hotel
  - ○ Living in a shelter
  - ○ Living outside (on the street, on a beach, in a car, or in a park)

Question 2a: In the past **3 months**, did you worry whether your food would run out before you got money to buy more?

☐ Yes ☐ No

Question 2b: In the past **30 days**, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? **Check all that apply**.

☐ Prescription Drugs or Medicine ☐ Utilities ☐ Clothing ☐ Child Care

☐ Phone ☐ Health Care (doctor appointment, mental health services, addiction treatment) ☐ Self-Care (bathing, grooming, eating) ☐ I choose not to answer this question

Question 3: How many times have you been in the Emergency Room or a hospital in the last 90 days for one of the conditions you listed earlier? _____ (enter number from 0-99)

Question 4: How many times have you had a fall in the last 90 days and needed to visit a doctor, Emergency Room, or hospital because of the fall? _____ (enter number from 0-99)

Question 5: Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? **Check all that apply.**

☐ Yes it has kept me from medical appointment or from getting my medications

☐ Yes it has kept me from non-medical meetings, appointments, work, or from getting things that I need

☐ No

Question 6: Caregiver Status

☐ Yes ☐ No	Do you live with at least one child under the age of 19, AND are you the main person taking care of this child?
☐ Yes ☐ No	Do you live with and are you the primary caretaker of an adult who requires assistance with bathing, dressing, walking, eating, or using the bathroom?

Question 7: What is the highest level of school that you have finished?

- ☐ Some high school but no diploma
- ☐ High school diploma or equivalency (GED)
- ☐ Some college but no degree
- ☐ Workforce Credential or Industry Certification after High School
- ☐ Associate's Degree
- ☐ Bachelor's Degree or higher
- ☐ I choose not to answer this question

Question 8: Are you employed?

- ☐ I have a part-time or temporary job
- ☐ I have a full-time job
- ☐ I do not have a job, but am looking for one
- ☐ I do not have a job and I am not looking for one
- ☐ I choose not to answer this question

Question 9: If you are currently employed, are you satisfied with your choice of employment?

- ☐ Yes, I like my job
- ☐ I must work more than one job because I can't find a full-time job
- ☐ I work more than 40 hours per week at two or more part-time jobs
- ☐ I have been looking for a job for more than 3 months and I have not been offered a job
- ☐ I need help finding a job that I like, or that pays more money

Question 10: In the past year have you been afraid of your partner, ex-partner, family member, or caregiver (paid or unpaid)?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I choose not to answer this question

Question 11: Do you have other important health issues or needs that you would like to discuss with someone?

- ☐ Yes
- ☐ No

Question 12: How soon do you want to be contacted by someone to discuss your health issues or needs?

- ☐ 1-30 Days
- ☐ 31-60 Days
- ☐ 61-90 Days
- ☐ 91-120 Days
- ☐ Do not contact me

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