Health Risk Assessment (Multi-State HRA)

Use form for 2024 D-SNP Plans in states where the current 2023 19Q is allowed. Not applicable for CA D-SNP.
Do not use for MAPD plans or if effective date of coverage is in 2023.

NOTE: To be considered valid, all questions must have a response.

Member name: _____

Member MBI:_____ Date of birth: _____

State: _____ Address: _____

Home phone: _____ Cell phone: _____ Other: _____

Assessment date: ___/___/_____

Questions	Answers
General Information	
Assessment method:	☐ Sales/broker ☐ Telephonic
Broker writing number:	
Who is completing this form?	☐ Member ☐ Other: _____
Phone number for the person completing the form:	_(_____)_____
Are you of Hispanic, Latino or Spanish origin?	☐ No – not Hispanic, Latino or Spanish origin ☐ Yes– Mexican, Mexican American, Chicano ☐ Yes – Puerto Rican ☐ Yes – Cuban ☐ Yes – another Hispanic, Latino, or Spanish origin **Print origin.** For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on: _____ ☐ I choose not to answer

Questions	Answers	
Please select the racial category or categories with which you most closely identify:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or another Pacific Islander ☐ Hispanic or Latino ☐ White ☐ Multiracial: _____ ☐ Something else: _____ ☐ I choose not to answer	
What language do you prefer we use when speaking to you or sending you materials?	☐ Arabic ☐ Chinese ☐ Creole ☐ English ☐ French ☐ Mandarin	☐ Russian ☐ Somali ☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Something else: _____
What is your sexual orientation? Please choose the option that best describes you:	☐ Lesbian or gay or homosexual ☐ Straight or heterosexual ☐ Bisexual ☐ Something else, please describe: _____ ☐ I don't know ☐ I choose not to answer	
What is your highest level of school completed?	☐ Less than a high school diploma ☐ High school diploma/GED ☐ Vocational/trade school ☐ Some college ☐ College degree (associate's or bachelor's) ☐ Graduate degree ☐ I choose not to answer	
What is your living situation?	☐ I live in a home that I own ☐ I live in a home/apartment that I rent ☐ I live with family/a family member ☐ I live in a shelter ☐ I live in foster care ☐ I live in a group home ☐ I live in an assisted living facility ☐ I live in a nursing home ☐ I am homeless with no shelter ☐ Something else: _____ ☐ I choose not to answer	

MOLINA HEALTHCARE

Questions	Answers
Do you have any preferences or considerations we should be aware of? **Please select all that apply**.	☐ Cultural preferences: _____ ☐ Religion/spiritual needs or preferences: _____ ☐ Hearing difficulty: _____ ☐ Vision problems: _____ ☐ Something else: _____ ☐ None
TEXAS Required Question (omit if not TX): Have you had any major life stressors since your last medical appointment or assessment?	☐ Pending eviction ☐ Recent move or housing change ☐ Financial issues ☐ Death of spouse or other loved one ☐ Change in caregivers ☐ Natural disaster ☐ Other: _____ ☐ None
Have you been diagnosed with or are you currently being treated for any of the following behavioral health conditions? **Please select all that apply:**	☐ I have never been diagnosed or treated for any behavioral health conditions (if checked move to next question) ☐ Attention deficit hyperactivity disorder (ADHD) ☐ Anxiety ☐ Autism ☐ Bipolar disorder ☐ Depression ☐ Psychotic disorder (schizophrenia) ☐ Substance use disorder ☐ Other: _____
Do you use illegal substances or prescription medicines not prescribed for you (cocaine, heroin, opioids)?	☐ Yes ☐ No ☐ I choose not to answer
In the past year, have you consumed alcohol daily, needed to drink in the morning, or have people annoyed you by criticizing your drinking?	☐ Yes ☐ No ☐ I choose not to answer

Questions	Answers
Are you interested in assistance from one of our healthy lifestyles programs for weight management or tobacco cessation?	☐ Tobacco cessation ☐ Weight management ☐ I am not interested ☐ I choose not to answer
General health	
Do you have a main health concern right now?	☐ Yes _____ ☐ No ☐ I choose not to answer
Have you been diagnosed with or are you currently being treated for any of the following health conditions? **Please select all that apply**:	☐ I have never been diagnosed or treated for any health conditions (If checked move to next question) ☐ Asthma ☐ Cancer (actively being treated) ☐ Cognitive (memory concerns, such as dementia) and/or development limitations ☐ Chronic obstructive pulmonary disease (COPD) ☐ Diabetes ☐ Kidney failure/dialysis ☐ Heart failure ☐ Stroke ☐ HIV/AIDS ☐ Liver disease, such as cirrhosis or ascites ☐ High blood pressure ☐ Neurologic disorder (such as epilepsy, multiple sclerosis) ☐ Blood disorders (this covers those with anemia, sickle cell or clotting deficiencies) ☐ Other: _____
Do you worry about your memory or have you been told by friends or family that they are worried about your memory?	☐ Yes ☐ No ☐ I choose not to answer
Do you have pain?	☐ Yes ☐ No ☐ I choose not to answer *(if yes complete next 2 questions)*
If **yes**, where is your pain located?	
Rate your pain on a 1-10 scale (10 is worst):	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ I choose not to answer

MOLINA HEALTHCARE

TEXAS Required Question (omit if not TX): Have you had a change in your health condition since your last medical appointment or assessment?	☐ Yes ☐ No ☐ I choose not to answer

Questions	Answers
TEXAS Required Question (omit if not TX):: Do you have any new medical conditions since your last medical appointment or assessment?	☐ Yes ☐ No ☐ I choose not to answer
In the past six months, how often have you visited the emergency room or stayed overnight in the hospital?	☐ One time or not at all ☐ 2-5 times ☐ More than six times ☐ I choose not to answer
Are you taking your medicines as prescribed?	☐ Yes ☐ No ☐ I am not prescribed medicines ☐ I choose not to answer
TEXAS Required Question (omit if not TX): Have you been prescribed any new medications since your last medical appointment or assessment?	☐ Yes ☐ I choose not to answer
Have you fallen in the last 6 months that resulted in medical care?	☐ Yes ☐ No ☐ Unsure
If yes to fall, please describe:	
Are you pregnant?	☐ Yes ☐ No ☐ Unsure ☐ I choose not to answer ☐ N/A (not female)
DME/adaptive aids	
TEXAS Required Question (omit if not TX): Do you have any medical equipment?	☐ Yes ☐ No

MOLINA HEALTHCARE

Service coordination	
Are you currently receiving long-term services and supports? *For example*, this may include personal attendant, day activity or emergency response services.	☐ Yes ☐ No
TEXAS Required Question (omit if not TX): Are you receiving all of your services?	☐ Yes ☐ No ☐ No need for services
TEXAS Required Question (omit if not TX): Have you had any interruption in your services your last medical appointment or assessment?	☐ Yes ☐ No ☐ N/A

Questions	Answers	
TEXAS Required Question (omit if not TX): Do you need a service coordinator to contact you for assistance?	☐ Yes ☐ No	
Do you need assistance for yourself or your child with any of the following? Choose all that apply, skip to next question if "I choose not to answer".	☐ I choose not to answer ☐ Bathing/showering ☐ Hygiene ☐ Dressing ☐ Walking/mobility ☐ Toileting	☐ Eating ☐ Grocery shopping ☐ Meal preparation ☐ Housework/cleaning ☐ Managing finances ☐ Climbing stairs

Social determinants of health		
What is your housing situation today?	☐ I do not have housing, but am staying with others in a hotel, in a shelter, living outside on the street, on a beach, in a car, an abandoned building, bus, train station or in a park ☐ I have housing today, but I am worried about losing housing in the future ☐ I have housing ☐ I choose not to answer	
In the past year, have you or any family members you live with been unable to get food when it was really needed?	☐ Yes ☐ No ☐ I choose not to answer	
Has lack of transportation kept you from medical appointments, meetings, work or getting things needed for daily living? Please select all that apply:	☐ Yes, it has kept me from medical appointments or getting medicines ☐ Yes, it has kept me from non-medical meetings, appointments, work or getting things I need ☐ No ☐ I choose not to answer	
[Because violence and abuse happens to a lot of people and affects their health we are asking the following question.] Do you feel physically and emotionally safe where you currently live?	☐ Yes ☐ No ☐ Unsure ☐ I choose not to answer	
In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? **Please select all that apply:**	☐ Clothing ☐ Utilities ☐ Childcare ☐ Medicine or any health care (medical, dental, mental health, vision)	☐ Phone ☐ Money ☐ Training/employment ☐ Other ☐ I choose not to answer

MOLINA HEALTHCARE

Questions	Answers
TEXAS Required Question (omit if not TX):: Do you have anyone who helps you as an unpaid support, helper, or caregiver? (Examples: family, friend, church member, neighbor, etc.)	☐ Yes ☐ No
Required Question (omit if not TX): We offer help and resources to caregivers to help them care for you. Would your caregiver be interested in speaking to someone about caregiver support?	☐ Yes ☐ No
Future medical care	
Do you have a living will or an advanced directive in place? This is a document that says your medical care wishes if you are unable to speak for yourself.	☐ Yes ☐ No
Do you want information on living wills and advanced directives?	☐ Yes ☐ No
Behavioral health	
Over the last two weeks, how often have you had little interest or pleasure in doing things?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day ☐ I choose not to answer
Over the last two weeks, how often have you felt down, depressed, or hopeless?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day ☐ I choose not to answer
In the past year, have you thought about harming yourself?	☐ Yes ☐ No ☐ I choose not to answer
Do you currently have any thoughts about harming yourself? (Follow crisis process if Yes)	☐ Yes ☐ No ☐ I choose not to answer