



Needs Assessment Form

(PAPER COPY)

INSTRUCTIONS: For payment, please complete, at a minimum, all required fields. Required fields are indicated with an asterisk (*). Each paper form must be entered electronically into the Excel template for payment. For items not assessed, please use the Not Assessed drop down option in the Excel template. See separate point sheet for points assigned to each question.

Person Name and Numbers

1. Site Name*: _____
A CCN assigned name given to a partner of the Network. It is 8 characters or less.

2. Client's Last Name*: _____

3. Client's First Name*: _____

4. Date of Birth*: _____
Date client was born.

5. Address: _____
Client's home address. If they are homeless, put (homeless).

6. Medicaid CIN (Client Identification Number)*: _____
8-character series of letters and numbers located on the Medicaid Card. The format is 2 letters, 5 numbers, and then 1 letter. Ex: A12345BC

7. Medicaid Policy Number: _____
To be filled in if CIN is not available.

8. Date of Assessment*: _____
The date the client was assessed with this assessment tool.

Medicaid Program Participation

Medicaid Enrollment Group: Which Medicaid enrollment group best describes the client? Check all that apply.

- 9. Medicaid & Medicare Dual Eligible***
- 10. HARP Eligible***
- 11. Disabled***
- 12. Medicaid Health Home Enrolled***
- None of the Above
- Not Assessed

13. Medicaid Health Home Downstream Care Manager: _____

Person Details

- 14. Language*:** *What language are you most comfortable speaking?* English Language other than English Not Assessed
- 15. Education*:** *What is the highest level of school that you have finished?* Less than Highschool Highschool or GED More than Highschool Not Assessed
- 16. Current Tobacco use*:** *Do you currently use tobacco?* Yes No Not Assessed
- 17. Community Classification*:** *Do you live in a community that is...?* Urban Suburban Rural Not Assessed
- 18. Veteran*:** *Have you been discharged from the armed forces of the United States?* Yes No Not Assessed
- 19. Family size, including yourself*:** *How many family members, including yourself, do you currently live with?* _____
- 20. Housing situation*:** *What is your housing situation today?*
- I have housing
 - I have housing today, but it is unstable
 - I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 - Not Assessed
- 21. Employment status*:** *What is your current work situation?*
- Unemployed Part-Time or temporary work Full-Time work
 - Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)
 - Not Assessed
- 22. Seasonal or migrant farm work as main income in the past 2 years*:** *At any point in the past 2 years, has seasonal or migrant farm work been your or your family's main source of income?*
- Yes No Not Assessed

Social Determinants

Difficulty meeting the following needs in the past year*: *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?*

- | | | | |
|--|---------------------------|--------------------------|------------------------------------|
| 23. Food* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |
| 24. Clothing* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |
| 25. Utilities* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |
| 26. Child Care* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |
| 27. Medicine* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |
| 28. Any Health Care (Medical, Dental, Mental Health, Vision)* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |
| 29. Phone* | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Assessed |



30. In the past year, has lack of transportation kept you from medical appointments or from getting medications?*

- Yes No Not Assessed

31. In the past year, has lack of transportation kept you from non-medical meetings, appointments, work, or other needs?*

- Yes No Not Assessed

32. Social interaction with friends and family*: *How often do you see or talk to people that that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)*

- Less than once a week 1 or 2 times a week 3 to 5 times a week 5 or more times a week Not Assessed

33. Average level of stress: *Stress is when someone feels tense, nervous, anxious or can't sleep at night because their mind is troubled. How stressed are you?*

- Not at all A little bit Somewhat Quite a bit Very much Not Assessed

Clinical Details

34. Used Primary Care Provider (outside of the Emergency Room) in the last 12 months: *Have you seen a Primary Care provider (outside of the Emergency Room) in the last 12 months?*

- Yes No Not Assessed

35. Sees doctor or clinic to manage their medical or mental health needs: *I go to my doctor/clinic to address my behavioral/medical health needs?*

- Yes No Not Assessed

36. Used the Emergency Room two or more times in the last 12 months: *Have you used the Emergency Room of a hospital two or more times in the last 12 months?*

- Yes No Not Assessed

37. Number of prescribed medications individual currently takes:

How many prescribed medications are you currently taking?

- 0 to 2 3 to 5 6 or More Not Assessed

38. Number of over-the-counter medications individual currently takes:

How many over-the-counter medications are you currently taking?

- 0 to 2 3 or More Not Assessed

39. Two or more select Chronic Conditions from the following list: *Do you have two or more on-going chronic conditions?*

- | | |
|--|--|
| <input type="radio"/> Substance Abuse Disorder (Alcohol or Drug related) | <input type="radio"/> Diabetes |
| <input type="radio"/> Mental Health | <input type="radio"/> Cardiovascular Disease |
| <input type="radio"/> Respiratory Disease (COPD, Asthma) | <input type="radio"/> Not Assessed |



Level of assistance needed for the following Activities of Daily Living: To what extent do you **need assistance** with the following activities of daily living?

40. Eating and feeding yourself	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
41. Dressing	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
42. Shower/Bathing	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
43. Using the Toilet	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
44. Transferring in and out of a chair or bed	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
45. Personal hygiene, Oral Care, and Grooming	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
46. Walking throughout your house	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed
47. General Support: <u>Do you have people to help you if you need it?</u>	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much	<input type="radio"/> Not Assessed