

Needs Assessment Reference Sheet

<p>Required questions: Partner must complete these questions, at a minimum.</p> <p>CCN-Verifiable: These fields may be verified by CCN using Medicaid Claims Data UPON REQUEST. Ask your Network Facilitator for details.</p> <p>Field Name: Summary of the question from Needs Assessment Tool</p> <p>Point Value: Value assigned to the response</p> <p>Required Value for Point(s): The answer from the Needs Assessment</p>	NEEDS ASSESSMENT SCORE LEVELS AND PER MEMBER PER MONTH (PMPM) FUNDING FROM CCN	
	Level 0: Unreported up to 3 mos	PMPM: \$40
	Level 1 Range: 0-5	PMPM: \$60
	Level 2 Range: 6-15	PMPM: \$100
	Level 3 Range: 16-54	PMPM: \$140

Required Questions	CCN-Verifiable	Field Name	Definition	Point Value		Point Value	
				Point Value	Required Value for Point(s)	Point Value	Required Value for Point(s)
★		1. Site Name			N/A		N/A
★		2. Last Name			N/A		N/A
★		3. First Name			N/A		N/A
★		4. Date of Birth			N/A		N/A
★	✓	5. Address			N/A		N/A
★		6. Medicaid Client Identification			N/A		N/A
		7. Medicaid Policy Number			N/A		N/A
★		8. Date of Service			N/A		N/A
★	✓	9. Medicaid & Medicare Dual Eligible		1	A - Yes		N/A
	✓	10. HARP Eligible		1	A - Yes		N/A
★		11. Disabled	Member receives SSI, SSDI, or short-term disability	1	A - Yes		N/A
★	✓	12. Medicaid Health Enrolled		1	A - Yes		N/A
	✓	13. Medicaid Health Home Downstream Care Manager (if enrolled)			N/A		N/A
★		14. Primary Language		1	B - Other		N/A
★		15. Education		1	A - Less Than HS		N/A
★		16. Tobacco		1	A - Yes		N/A
★		17. Community	CCN's 9-County region is considered rural except the City of Binghamton.	1	C - Rural		N/A
★		18. Veteran		1	A - Yes		N/A

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★		19. Family Size		N/A		N/A	
★		20. Housing		2	C - No housing	1	B - I have housing but it is unstable
★		21. Work Status		2	A - Unemployed	1	B - Part-Time /
★		22. Migrant or Seasonal Farm Work		1	A - Yes		N/A
★		23. Food Insecurity		2	A - Yes		N/A
★		24. Clothing Insecurity		1	A - Yes		N/A
★		25. Utility Insecurity		2	A - Yes		N/A
★		26. Child Care Insecurity		1	A - Yes		N/A
★		27. Medicine Insecurity		2	A - Yes		N/A
★		28. Health Care Insecurity		2	A - Yes		N/A
★		29. Phone Insecurity		1	A - Yes		N/A
★		30. Medical Transportation		1	A - Yes		N/A
★		31. Nonmedical Transportation		1	A - Yes		N/A
★		32. Socialize		2	A - Less than once a week	1	B - 1 to 2 times a week
		33. Stress		2	E - Very Much	1	D - Quite a bit
	✓	34. Primary Care Visit		1	B - No		N/A
		35. PCP to manage Health		1	B - No		N/A
	✓	36. Two or More ED Visits		1	A - Yes		N/A
	✓	37. Prescribed Meds		2	C - 6 or more	1	B - 3 to 5
		38. Over the Counter Meds		1	3+		N/A
	✓	39. Two or More Chronic Conditions		1	A - Yes		N/A
		40. Eating		2	E - Very much	1	D - Quite a bit
		41. Dressing		2	E - Very much	1	D - Quite a bit
		42. Bathing		2	E - Very much	1	D - Quite a bit
		43. Toileting		2	E - Very much	1	D - Quite a bit
		44. Transferring		2	E - Very much	1	D - Quite a bit
		45. Personal Hygiene		2	E - Very much	1	D - Quite a bit
		46. Walking		2	E - Very much	1	D - Quite a bit
		47. Have Support		2	A - Not at all	1	B - A little bit