



**Standardized Health Risk Assessment (HRA) Long-term Services and Supports (LTSS) Referral Questions
May 2016**

DHCS has reviewed all Cal MediConnect health plan HRAs for questions that facilitate LTSS referrals. Upon completing that review, DHCS has identified the following questions we believe are strong candidates for standardizing across the health plans. Questions 1-10 in this document reflect DHCS' priority questions. DHCS anticipates standardizing no more than 10 questions and requests stakeholder feedback on both the actual questions as well as the priority order of questions.

Stakeholders can send comments to info@calduals.org by Friday, May 20. The stakeholder comment template [can be found here](#).

Question 1: *Do you need help from another person with any of these actions? (Mark an X in the box next to actions for which you need help.)*

- a. Bathing or taking a shower
- b. Climbing stairs
- c. Eating
- d. Getting dressed
- e. Grooming --brushing teeth, shaving
- f. Making meals or cooking
- g. Moving out of a bed or a chair
- h. Shopping and getting food
- i. Taking medication
- j. Using the toilet
- k. Walking
- l. Washing dishes or laundry
- m. Writing checks or finances
- n. No help is needed

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 2: *Are you getting any of the following services now? (Mark an X in the box next to the services you use now.) Do you need help with any of the following?*

- a. Transportation help
- b. CBAS/ Adult Day Health Center
- c. County alcohol or drug outpatient program

- d. County mental health case management services
- e. Food assistance programs (Meals on Wheels, CalFresh, food banks)
- f. Help paying utility bills
- g. Home health nurse/Home health aide
- h. Hospice/palliative care program
- i. In-Home Operations (IHO)
- j. In-Home Supportive Services (IHSS)
- k. Multipurpose Senior Services Program (MSSP)
- l. Personal care services
- m. Physical, Occupational, Speech Therapy at Home
- n. RCOC (Regional Center of Orange County)
- o. Social Security assistance
- p. Social worker
- q. Veteran's Administration
- r. Other community resource:

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	X

Question 3: Do you need any changes to your home to help you move around and function easily and safely? Examples may be:

- a. wheelchair ramp
- b. loose cords/rugs
- c. grab bars to get to toileting, eating, sleeping, laundry areas
- d. walker
- e. bedside commode
- f. raised toilet seat
- g. wheelchair
- h. hooyer lift (machine to help you get out of bed)
- i. cane
- j. bath bench
- k. hospital bed
- l. Inadequate lighting in your home
- m. Inadequate heating in your home
- n. Inadequate cooling in your home
- o. Inadequate railings for stairs
- p. No running water
- q. No toileting facilities
- r. Outdoor toileting facilities only

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
		X	

Question 4: Which of the following statements fits you best in terms of health? (Check all that apply)

- a. Must stay in bed all or most of the time because of physical limitations
- b. Must stay in the house all or most of the time because of physical limitations
- c. Need the help of another person in getting around inside or outside the house
- d. Need the help of some special aid, like a cane/wheelchair to get around inside or outside the house
- e. Do not need the help of another person or a special aid but have trouble getting around freely
- f. Not limited in any of these ways

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X		

Question 5: Do you have a family member, friend, or emergency back-up caregiver to help you at home if you become sick, or are not able to care for yourself, or if your IHSS Provider is not available? If Yes, can you provide the name and contact information for the caregiver? If the person who cares for you most cannot be there for you, is there another person that can provide the assistance you need?

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 6: Nutrition risk:

- a. Has illness that changed the kind/amount of food eaten
- b. Eats fewer than 2 meals per day
- c. Eats few fruits or vegetables, or milk products
- d. Has 3 or more drinks of beer, liquor or wine every day
- e. Has tooth or mouth problems that make eating difficult
- f. Not enough money to buy food needed
- g. Eats alone most of the time
- h. Lost or gained 10 pounds in last 6 months involuntarily
- i. Not always able to shop/cook/or feed self
- j. Inadequate/improper food storage

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X		X	

Question 7: Do you need any assistance or education regarding:

- a. A Falls prevention program (e.g., remove throw rugs, teach safe use of devices)
- b. Home oxygen therapy safety precautions

- c. *Standard precautions (e.g., hand washing, safe disposal of contaminated sharps and supplies)*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
		X	

Question 8: *Compared to last year, would you say your ability to perform your daily routines are:*

- a. *Much Easier*
- b. *Slightly Easier*
- c. *Same*
- d. *Slightly More Difficult*
- e. *More Difficult*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 9: *In the past 3 months, have you had any of the following feelings?*

- a. *Anxious*
- b. *Lonely*
- c. *Depressed*
- d. *Restless*
- e. *Confused, can't focus*
- f. *Get angry easy*
- g. *Fearful*
- h. *Tearful*
- i. *Feeling that you have unusual powers*
- j. *Didn't feel like taking care of yourself*
- k. *Hear or see things that are not there*
- l. *Not getting along with people*
- m. *Want to eat too much or too little*
- n. *Unable to sleep or sleep too much*
- o. *Worried a lot or nervous*
- p. *Feeling like harming others or yourself*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
		X	X

Question 10: *Do you need assistance taking or managing your medications?*

- a. *Not applicable, I can independently manage all of my medications*
- b. *Reading or seeing the information on the bottles*
- c. *Need someone to set up medications, but I can take them*
- d. *Understanding what the medications are for*

e. *Information on side effects or managing side effects*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X		X	

Question 11: *Do you have any medical needs? Note: Options to check as answers include:*

- a. *Yes, and I get help but it is not enough*
- b. *Yes, and I need help, I don't have any*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X		X	

Question 12: *On a normal day, does your health limit you from doing any of these tasks? If so, how much?*

- a. *Daily tasks, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?*
 - i. *Yes, limited a lot*
 - ii. *Yes, limited a little*
 - iii. *No, not limited at all*

- b. *Climbing many flights of stairs?*
 - i. *Yes, limited a lot*
 - ii. *Yes, limited a little*
 - iii. *No, not limited at all*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 13: *During the past 4 weeks, how much did pain keep you from doing your normal work (working outside the home and housework)?*

- a. *Not at all*
- b. *A little bit*
- c. *Moderately*
- d. *Quite a bit*
- e. *Extremely*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 14: *During the past 4 weeks, how much of the time has your physical health or the way you are feeling kept you from social events (like visiting with friends, relatives, etc.)?*

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. None of the time

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 15: *Have you been offered the opportunity to participate in care coordination programs where someone helps to make sure all your needs are in place?*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 16: *Are you homebound?*

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
X	X	X	

Question 17: *When filling out medical forms and responding to information needed, which of the following describes the assistance you need:*

- a. Independent
- b. Able to fully respond, but may need assistance in completing paperwork
- c. Need some assistance in responding
- d. Need assistance to respond to most questions
- e. Need full assistance

Question may trigger referral to:

CBAS	IHSS	MSSP	BH
		X	