Minnesota Health Risk Assessment Form

Filling this form with Adobe Acrobat or Reader

What you need

In order to **fill in and save** the data on this form you need Adobe Acrobat or Reader. The latest version of Adobe Reader is recommended and can be downloaded from https://get.adobe.com/reader.

Downloading the form

For access and completion of these forms, you must copy the form(s) onto your hard drive. Do not use the version on the web page for completing and merging.

1. Open one of the forms on the web page
2. Click on the "disc" icon found on the toolbar
3. Save the document to your hard drive.

To fill out a form

1. Open the form (saved on your hard drive) on the following page. Select the Hand tool.
2. Move the cursor inside the first field, and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a button, a check box, a radio button, or an item from a list. After entering text do one of the following:
   - Press *Tab* to go to the next form field to enter data.
   - Press *Shift-Tab* to go to the previous form field.
   - Use the *Space Bar* or click in the field for fields that need a check mark or radio button.
   - Use the *Arrow* to move around radio buttons within a group.

To enlarge or reduce the view of the page

Press *Ctrl-0* (Windows) or *Command-0* (Mac) to fit the page on the screen. Press *Ctrl-2* (Windows) or *Command-2* (Mac) to fit the width of the page on the screen.

To turn pages

Click the *Previous Page* or *Next Page* buttons on the toolbar at the top of the screen, or press the Right or Left Arrow keys on the keyboard.

To print a form

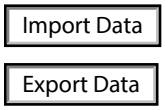
Choose *File* > *Print*. If you have difficulty printing the form, or output does not look as expected, check the *Print as Image* option in the Print dialog box.

To save the completed form with the data

Once you have filled in the appropriate fields, choose *File* > *Save As* to save a copy of the form with the data. Type a filename such as the person's name or PMI number and click the Save button. You may print this form. The next time you use this file name you will be typing over the saved data. In order to save the old data and the new data you will need to use *Save As* and save the file with the new data under a new name.

To populate DHS-3427H with data from this form

Click the *Export Data* button at the bottom of this form and save the XML file to your computer. To import the data into the DHS-3427H, click the *Import Data* button on the DHS-3427H form, navigate to the exported XML file and select it.



To clear all data from a form

Click the *Clear Form* button at the top of the form. This will erase all the data from all the fields of the form, creating a blank form.

Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3428H-ENG 8-18

Minnesota Health Risk Assessment Form

Note: Fields with * are required in MMIS

Training HRA is intended to be used as a learning tool. Do not use this document for member content. The Training Support Plan is a companion document that reflects the content likely included for this example HRA. Hover over the YELLOW comments for learning tips.

Section A

MEMBER LAST NAME*	MEMBER FIRST NAME*	MI*	RECIPIENT ID/PMI NUMBER*
Fred	Flintstone	A	12345678

HEALTH PLAN REFERENCE NUMBER *(For care coordinator's use)*	WHAT IS YOUR DATE OF BIRTH?*	REFERRAL DATE* *(For care coordinator's use)*
UCare Connect	12/13/1969	2/1/2022

TYPE OF ACTIVITY* *(For care coordinator's use)*

- (●) 01 - Telephone screen/Mailed survey
- ( ) 02 - Face to face assessment
- ( ) 05 - Care coordinator change
- ( ) 07 - Administrative activity

WHEN DID YOU COMPLETE THIS INTERVIEW?* 3/5/2022

CARE COORDINATOR UMPI NUMBER* A123456789

Identify these counties.* For LTCC, indicate health plan performing the assessment. *(For care coordinator's use)*

062 (COS) 062 (COR) 062 (CFR) UCM (LTCC)

Section B

Who do you currently live with? *(Required for SNBC members*)*

- ( ) 01 - Living alone
- (●) 02 - Living with spouse or parents
- ( ) 03 - Living with family, friend or significant other
- ( ) 04 - Living in group setting
- ( ) 05 - Homeless
- ( ) 06 - Would live alone or be homeless without current housing type

Assessment team* *(For care coordinator's use)*

- (●) 02 - Health Plan
- ( ) 03 - County Subcontracting for Health Plan

What is your current housing situation? *(Required for SNBC members*)*

- ( ) 01 - Homeless
- ( ) 02 - Institutional - ICF/DD
- ( ) 03 - Institution - Hospital
- ( ) 04 - Board and Lodge
- ( ) 05 - Foster Care
- (●) 09 - Own Home/Apartment
- ( ) 11 - Institution - NF/CBC
- ( ) 12 - Non-certified boarding care
- ( ) 16 - Correctional facility

Do you have any current dental concerns?*

- (•) Yes
- ( ) No
- ( ) Chose not to answer

GOAL

COMMENTS

Fred mentioned he was having tooth pain. He wants to see a dentist that will take his new insurance.
CC provided education on dental benefits.

Do you have a dentist?*

- ( ) Yes
- (•) No
- ( ) Chose not to answer

COMMENTS

Fred has not seen a dentist if about 4 years. His previous dental provider closed. He needs a new dentist so he can get to the root of his dental pain and have a dental cleaning.

Section C

Dressing

How well are you able to manage dressing?* By dressing, we mean laying out the clothes and putting them on, including shoes, and fastening clothes. Would you say that you:

- (•) 00 - Need no assistance
- ( ) 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ( ) 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ( ) 12 - Chose not to answer

COMMENTS

Grooming

How well are you able to manage with grooming activities such as combing your hair, putting on makeup, shaving, and brushing your teeth?* Would you say that you:

- (•) 00 - Need no assistance
- ( ) 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ( ) 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ( ) 12 - Chose not to answer

COMMENTS

Bathing

How well can you bathe or shower yourself?* Bathing or showering by yourself means washing all parts of the body including your hair and face. Would you say that you:

- ◯ 00 - Need no assistance
- ◉ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer

COMMENTS

Fred's wife, Wilma, assists Fred periodically. He has neuropathy in his feet which causes him to have tingling and stinging sensation along with pain. Fred remarks "sometimes I can't feel my feet"

Eating

How well can you manage eating by yourself?* Eating by yourself means drinking, eating and cutting most foods on your own. Would you say that you:

- ◉ 00 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer

COMMENTS

Bed Mobility

How well can you manage sitting up or moving around in bed?* Would you say that you:

- ◉ 00 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer

COMMENTS

Transferring

How well can you get in and out of a bed or chair?* Would you say that you:

- (•) 00 - Need no assistance
- ( ) 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ( ) 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ( ) 12 - Chose not to answer

COMMENTS

Walking

How well are you able to walk around, either without any help or with a cane or walker, but not including a wheelchair?* (Independence in walking refers to the ability to walk short distances around the house. Independence in walking does not include climbing stairs.) Would you say that you:

- (•) 00 - Need no assistance
- ( ) 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ( ) 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ( ) 12 - Chose not to answer

COMMENTS

Emotional Health

How would you rate your emotional health?*

- ( ) 05 - Poor
- ( ) 06 - Fair
- (•) 07 - Good
- ( ) 08 - Excellent
- ( ) 12 - Chose not to answer

Fred has been stressed because he's not been able to work due to his changing health condition. Fred would like to return to part time work at the Bedrock Quarry ASAP. **GOAL**

1. In the past three months, have you been stressed or anxious?
   (•) Yes ( ) No ( ) Chose not to answer
2. In the past three months, have you had little interest or pleasure in doing things that you normally like?
   ( ) Yes (•) No ( ) Chose not to answer
3. In the past three months, have you been feeling down, depressed, or "blue" more than usual?
   (•) Yes ( ) No ( ) Chose not to answer
4. In the past three months have you been limited in your social activities with family, friends, neighbors, or groups (not related to transportation)?
   (•) Yes ( ) No ( ) Chose not to answer

Alcohol/Tobacco/Substance Use

Do you use any substances, such as, but not limited to, alcohol, marijuana, cocaine or amphetamines?

- ◯ Yes
- ◉ No
- ◯ Chose not to answer

COMMENTS

Fred states he is an occasional beer drinker. He likes to go to the Water Buffalo League with his best friend Barney. When he's there he may have a beer or cocktail.

Do you have any concerns about your use?

- ◉ No concerns
- ◯ Yes, have concerns met by current supports
- ◯ Yes, have concerns not met by current supports
- ◯ Chose not to answer

COMMENTS

Do you use tobacco products (includes cigarettes, cigars and smokeless tobacco)?

- ◯ Yes – If yes, would you like information on smoke cessation? ◯ Yes ◯ No
- ◉ No
- ◯ Chose not to answer

COMMENTS

History of smoking when Fred was younger. Quit smoking about 15 years ago when he and Wilma had their daughter, Pebbles. He's proud of the fact that he's never gone back to smoking.

Toileting

How well can you manage using the toilet?* Would you say that you:

- ◉ 00 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer **Goal**

COMMENTS

Fred reports that he's been going to the bathroom 3-4 times a night for the last couple of months. His sleep is disrupted as a result. He has a hard time falling back to sleep. Fred used to see an Endocrinologist for his DM 2. He stopped going once he lost his insurance after not being able to work. Would like to see if he can either re-establish or find a new provider
PCP: Soney Curtis Former Endo: Rock Hudson PA - U of M Fairview

Subjective Evaluation of Health

Overall, would you rate your physical health as excellent, good, fair, or poor?*

- ◯ 00 - No response
- ◯ 01 - Poor
- ◉ 02 - Fair
- ◯ 03 - Good
- ◯ 04 - Excellent
- ◯ 12 - Chose not to answer

COMMENTS

What do you consider your primary concern in terms of your medical health and/or emotional health?

Fred was diagnosed with Diabetes Mellitus (DM) 2 about 4 years ago. This has caused a big change in his lifestyle. Wilma has been a big support in helping Fred to manage his daily blood sugars. Without her help, Fred states he would struggle with remembering to check his blood glucose sugar monitoring (BGSM) and take his insulin. He tried to give himself his shots, but he is not able to do this without assistance from Wilma.

Physical Health *(check all that apply)*

☐ None, I am physically healthy

	I would like help managing this condition:
☐ Chronic Bronchitis or Chronic Obstructive Pulmonary Disease (COPD)	◯ Yes ◯ No
☐ Asthma	◯ Yes ◯ No
☐ Heart Failure	◯ Yes ◯ No
☐ Chest Pain (angina)	◯ Yes ◯ No
☒ High Blood Pressure	◯ Yes ◉ No
☐ Seizures	◯ Yes ◯ No
☐ Kidney Disease with or without dialysis	◯ Yes ◯ No
☐ Infectious Disease such as HIV/AIDS, Hepatitis, Tuberculosis (TB)	◯ Yes ◯ No

Preventive Care *(check all services you have received in the past year)*

- ☒ Flu Vaccine
- ☒ Annual Physical
- ☐ Mammogram (women)
- ☐ Cervical Cancer Screening (women)
- ☒ Prostate Cancer Screening (men)
- ☐ Colonoscopy
- ☐ Glaucoma Screening

COMMENTS

Fred reports having had his colonoscopy in about June 2020. He doesn't believe he is due again for 3 year.
Fred manages his HTN with medication. Wilma checks his BP weekly and records it on a log. Last BP: 125/75 Fred is not sure what the target/goal should be. Fred needs a DM vision exam and Glaucoma screening. Tetanus: 2015

Hearing

How is your hearing?*

- (●) 00 - No hearing impairment or impairment corrected with hearing aides
- ( ) 01 - Hearing difficulty at level of conversation
- ( ) 02 - Hears only very loud sounds
- ( ) 03 - No useful hearing
- ( ) 04 - Not determined
- ( ) 12 - Chose not to answer

COMMENTS

Memory

How well would you say that your memory is?

- (●) 00 - Excellent
- ( ) 01 - Good
- ( ) 02 - Fair
- ( ) 03 - Poor
- ( ) 04 - Unable to answer
- ( ) 05 - Chose not to answer

Communication

How well would you say that you are able to communicate your needs or concerns to your providers (for example, in-home providers, medical providers, mental health providers)?*

- ( ) 00 - Excellent, no issues
- (●) 05 - Good, I feel confident I am communicating well most of the time
- ( ) 06 - Fair, I am able to communicate some but not all needs or concerns
- ( ) 07 - Poor, I have many issues in communicating needs or concerns
- ( ) 08 - Unable to answer
- ( ) 12 - Chose not to answer

How confident are you that you can talk to your doctor or mental health provider about your concerns even when he or she does not ask?

- ( ) 00 - Very confident
- (●) 01 - Somewhat confident, my level of comfort depends on my provider
- ( ) 02 - Somewhat confident, my level of comfort depends on the topic or concern
- ( ) 03 - Not confident, I have a difficult time talking to my providers
- ( ) 04 - Chose not to answer

Vision

How is your vision?*

- ◯ 00 - No impairment of vision or impairment but corrected with glasses, contacts
- ◉ 01 - Difficulty seeing at level of print
- ◯ 02 - Difficulty seeing obstacles in environment
- ◯ 03 - No useful vision
- ◯ 12 - Chose not to answer

Goal

COMMENTS

Freds vision has changed over the past 4 years - with the onset of his DM 2. He wears glasses. He has not had a vision exam "for a while"
CC provided education on vision benefits.

Phone Calling

Do you need assistance with making a phone call?*

- ◉ 01 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer

COMMENTS

Shopping

Do you need assistance when you go shopping for food and other things you need?*

- ◉ 01 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer

COMMENTS

Fred is still able to drive, although he does report increased foot pain when he drives. Fred enjoys doing the shopping for the family.

Meal Preparation

Do you need assistance in preparing meals for yourself?*

- ◉ 01 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ◯ 12 - Chose not to answer

COMMENTS

Wilma does most of the cooking. Fred likes to use the BBQ for brontosaurus burgers.

Light Housekeeping

Do you need assistance with light housekeeping, like dusting or sweeping?*

- (●) 01 - Need no assistance
- ( ) 10 - Yes, needs assistance, met by current supports or help from others or equipment
- ( ) 11 - Yes, needs assistance NOT met by current supports or help from others or equipment
- ( ) 12 - Chose not to answer

COMMENTS

Wilma does most of the housekeeping, but Fred could if he needed to.

Managing Medications

How comfortable are you in setting up your medications and remembering to take them?

- ( ) 01 - Need no help or supervision
- ( ) 05 - Don't take medications
- ( ) 06 - Only need someone to set up my medicine (need medication setup only)
- ( ) 07 - Only need someone to remind me to take medications (need verbal or visual reminders only)
- ( ) 08 - Need medication setups and reminders
- (●) 09 - Need someone to help me take them (need medication setups and administration)
- ( ) 12 - Chose not to answer

COMMENTS

Wilma sets up and reminds Fred to take his medication.
CC educated on safe disposal of medications and provided a list of local sites where unused medication can be safely discarded. Left behind UCare Safe Medication Disposal document.

MEDICATION LIST

Metformin - 500 mg x 4 daily - DM
Novolog - dial up insulin - daily IM for DM
ASA 85 mg 1 tab daily
Lisinopril 10 mg tab x 1 daily - HTN

***Asking the member to explain their medications helps to understand the member's level of engagement in medication adherence. The better the member is able to explain their medications, the better the engagement and likely to have improved adherence. Knowledge is Power! ***

Medication review also helps the CC to understand the members diagnosis.

Insulin Dependent

Are you diabetic? If yes, how do you control your diabetes? *(Required for SNBC members*)*

- ◯ 01 - Not diabetic
- ◯ 02 - No insulin required; diet controlled only
- ◯ 03 - Oral medications
- ◉ 04 - Sliding scale insulin and oral medications
- ◯ 05 - Scheduled daily insulin **Goal**
- ◯ 06 - Scheduled daily insulin plus daily sliding scale

COMMENTS

Novolog dispensed depending on Blood Glucose Sugar Monitoring (BGSM). Fred's last A1c was 8. His doctor would like his A1C to be under 7.

Money Management

Do you need assistance with important paperwork such as Medical Assistance renewals?*

- ◉ 01 - Need no assistance
- ◯ 10 - Yes, needs assistance, met by current supports or help from others
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others
- ◯ 12 - Chose not to answer

Transportation

Do you need transportation assistance with any of the following: Medical, Dental, Behavioral Health appointments or obtaining medications at the pharmacy?*

- ◯ 01 - Need no assistance
- ◉ 10 - Yes, needs assistance, met by current supports or help from others
- ◯ 11 - Yes, needs assistance NOT met by current supports or help from others
- ◯ 12 - Chose not to answer

COMMENTS

Occasionally not able to drive d/t neuropathy pain in his in his feet. Wilma provide support when needed.

What mode or modes of transportation to you rely on most often? *(check all that apply)*

- ☒ Own vehicle
- ☐ Public transportation or bus
- ☐ Specialized transportation
- ☐ Other

COMMENTS

Falls

Have you experienced any falls in your home or while out in the community?*

Fred fell x 1 getting into the shower. He installed a grab bar to aid getting in and out of shower. Wilma also assists as needed. No goal needed.

- ◯ 00 - No
- ◉ 01 - Yes, they've fallen but it wasn't in the last 12 months and/or didn't result in fracture
- ◯ 02 - No, but you have a concern about your balance or falling affect your daily activities or access to the community
- ◯ 03 - Yes, and a fall resulted in a fracture within the last 12 months – how did that happen?

Hospital/Nursing Home

In the past year, have you stayed overnight or longer in a hospital?*

- ◉ 00 - No
- ◯ 01 - Yes – how many times? _____ Why? _____

In the past year, did you go to a hospital emergency room?*

- ◉ 00 - No
- ◯ 01 - Yes – how many times? _____ Why? _____

In the past THREE years, have you spent time in a nursing facility?*

- ◉ 00 - No
- ◯ 01 - Yes – how many times? _____ Why? _____

Sexual Activity

Are you sexually active? *(Required for SNBC members*)*

- ◉ Y - Yes
- ◯ N - No
- ◯ C - Chose not to answer

Fred had a vasectomy in 2015.

Do you have any family planning needs? *(Required for SNBC members*)*

- ◯ Y - Yes
- ◉ N - No
- ◯ C - Chose not to answer

Advance Directives

Is there an Advance Directive or Health Care Directive in place?

- ◉ Yes
- ◯ No

Was Advance Directive/Health Care Directive discussed?

- ◉ Yes
- ◯ No

COMMENTS

Fred and Wilma completed their HCD in 2018. His PCP has a copy. He does not feel there is a need to update at this time. Wilma is Fred's health care agent and emergency contact.

Pain Screening

Are you experiencing any pain now or in the last two weeks?

Goal

- (●) Yes
- ( ) No

Has your pain affected your function or quality of life (e.g., activity level, mood, relationships, sleep or work)?

- (●) Yes
- ( ) No

How often do you experience pain?

- ( ) Constantly
- (●) Daily
- ( ) Once a week
- ( ) Not often

At its worst, how severe is your pain (1 to 10 with 10 being the worst)?

8

Have you talked to your doctor or someone else about the cause of your pain?

- ( ) Yes – who? _____ When? _____
- (●) No

Have you talked to someone about how to handle your pain?

- ( ) Yes – who? _____ When? _____
- (●) No

PAIN MANAGEMENT PLAN/COMMENTS

Fred has neuropathy pain in his feet. He has not seen an doctor since he lost his insurance. He believes his pain is from his Diabetes. Goals are to address his DM health to reduce his A1C, reduce neuropathy pain, improve his sleep and get back to work.

Safety

Is anyone currently mismanaging your money or stealing from you?

- ◯ Yes
- ◉ No
- ◯ Chose not to answer

Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)?

- ◯ Yes
- ◉ No
- ◯ Chose not to answer

Is anyone currently touching you in a way that makes you feel uncomfortable?

- ◯ Yes
- ◉ No
- ◯ Chose not to answer

Is anyone currently emotionally abusive to you?

- ◯ Yes
- ◉ No
- ◯ Chose not to answer

Section D

Assessment Results* *(For care coordinator's use)*

- ◉ 35 - MSC+, MSHO or SNBC health risk assessment
- ◯ 39 - Refusal of the health risk assessment
- ◯ 50 - Person not located for the health risk assessment
- ◯ 98 - Care Coordinator change

Effective Date of Assessment*

3/5/2022

Relocation from Nursing Home*

If you currently live in the nursing home or ICF-DD do you want to relocate to the community?

- ◯ Yes
- ◯ No
- ◉ Chose not to answer

Section F

Program Type* *(For care coordinator's use)*

- ◯ 18 - MSC+ or MSHO
- ◉ 28 - SNBC

NOTES

Guardian status:

Emergency Contact Info:

Diagnosis:

Tetanus:

Pharmacy:

Waiver CM:

PCP Name/Location:

Specialty Provider:

Goals Summary:
Acute Dental
Reduce A1C-Diabetes Management
Neuropathy pain
Improve sleep
Eye Exam
Return to Work

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