

Pediatric Care Management Health Risk Assessment (HRA)

INTRODUCTION

Thank you for taking HPSM's Pediatric Care Management HRA. The assessment takes about 20 minutes to complete. Your answers to these questions will help us understand your health care status and needs. Then we can ensure you get any health care services or supplies you may need. Your HRA and care plan are completely confidential. If you have questions, call **650-616-2133** or **1-800-750-4776** (toll free). We are open Monday – Friday 8:00 am to 6:00 pm.

Please completely fill in the bubble like this example:

Right	Wrong
<input checked="" type="radio"/>	<input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>

Pre-Evaluation**1. Today's Date****2. What is your name (PARENT/LEGAL GUARDIAN/CONSERVATOR)?**

Name

Relationship

3. Are you the parent, guardian, conservator, or member?

I am the parent, guardian, or conservator

I am the member

Neither of these answers apply

4. What is the name of your child (Member)?**5. What is the date of birth of your child (member)?**

Demographics

6. What language do you speak in your home? *(please select one answer)*

English	Spanish	Arabic	Burmese	Cantonese	Farsi
Mandarin	Portuguese	Russian	Samoan	Tagalog	Tongan
Other				I don't know	I don't wish to answer

7. Do you prefer to get written information in that same language? *(please select one answer)*

Yes	No	I don't know	I don't wish to answer
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8. What is your preferred method of contact? *(please select one answer)*

Phone/Cell	Mail <i>(skip to question 9)</i>	Email
I don't know <i>(skip to question 9)</i>		I don't wish to answer <i>(skip to question 9)</i>

8a. Please provide your contact information for your preferred method of contact.

Phone/Cell number	Email address
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Additional Comments:

Health Insurance

9. Are you worried that your child may lose their Medi-Cal health insurance?

Medi-Cal is a free or low-cost health insurance that is offered to children and adults with limited income and resources.

Yes	No	I don't know	I don't wish to answer
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10. Does your child have any other health insurance in addition to Medi-Cal, such as Kaiser, Anthem Blue Cross, Blue Shield, Cigna, United Healthcare, or Aetna?

Yes	No (skip to question 11)	I don't know (skip to question 11)	I don't wish to answer (skip to question 11)
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10a. What other health insurance does your child have?

11. Do you pay any money for your child's health care?

This could include health insurance premiums, co-pays, and other money out of your own pocket.

This could include:

Health insurance premiums — the amount that you pay to your health insurance company each month to maintain your health insurance.

Co-payments — the flat fees that you might pay each time you go to your doctor or fill a prescription.

Deductibles — The amount you pay for covered health care services before your insurance plan starts to pay.
This resets every year.

Other out of pocket expenses — payment for dental or vision care, medications, medical equipment, modifications to medical equipment, or any kind of therapy.

Yes	No	I don't know	I don't wish to answer
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Additional Comments:

Primary Care Provider**12. Who is your primary care provider?****13. During the past year, did your child receive a well-child check-up when he/she was not sick or injured?**

This visit is where the doctor checks your child's growth and development, gives any needed vaccines, and does eye and hearing tests.

Yes	No (<i>skip to question 15</i>)	I don't know	I don't wish to answer
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14. In the last year, have you had any problem(s) taking your child for his/her annual well-child check-up?

A problem could be anything, including: could not find a doctor, hard to get an appointment, could not get off of work, could not pay for doctor's visit, could not get transportation to appointment, and many other reasons.

Yes	No	I don't know	I don't wish to answer
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Specialist

15. During the past year, did your child see a specialist?

Specialists are doctors like surgeons, heart doctors, endocrinologists, neurologists, and others who focus in one area of health care.

Yes	No (<i>skip to question 17</i>)	I don't know	I don't wish to answer
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16. In the past year, has there been any problems seeking care from a specialist?

A problem could be anything, including: could not find a doctor, hard to get an appointment, could not get off of work, could not pay for doctor's visit, could not get transportation to appointment, and many other reasons.

If your child sees more than one specialist for equal amounts of time, then please think of the Specialist you have the hardest time getting care from.

Yes	No	I don't know	I don't wish to answer
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Additional Comments:

ED Visits and School Absences

17. During the past year, how many times has your child gone to the emergency room? (*please select one answer*)

This includes visits that resulted in a hospital stay(s).

None	1-2	3-7	8 or more
		I don't know	I don't wish to answer

18. [*Skip question if member is less than 5 years old*]

During the past year, about how many days did your child miss daycare/preschool/school because of health related issues such as illness, injury, broken or non-working medical equipment, or lack of nursing?

(*please select one answer*)

This does not include planned vacations, procedures, or medical appointments.

None	1-3 days	4-6 days	7 or more days
Home schooled by choice	Home schooled because of health issues		Did not go to school
		I don't know	I don't wish to answer

Additional Comments:

Medications

19. In the last three months, have you had any problems filling your child’s medications, such as issues getting a prescription, finding a pharmacy, paying for medications, and/or insurance coverage?			
Yes	No	I don’t know	I don’t wish to answer
Additional Comments:			

Mental Health

20. [Skip this question if member is less than 2 years old]

During the past month, has your child often been bothered by feeling down, depressed, or hopeless?
(please select one answer)

Not at all	Several days	More than half the days	Nearly every day
		I don't know	I don't wish to answer

21. [Skip question if member is less than 2 years old]

During the past month, has your child often been bothered by little interest or pleasure in doing things?
(please select one answer)

Not at all	Several days	More than half the days	Nearly every day
		I don't know	I don't wish to answer

Additional Comments:

Medical Services

22. Are there issues getting any of the following needed services for your child?	Yes	No	I don't know	Refused to answer
22a. Physical, Occupational, and/or Speech Therapy				
22b. Mental health care or counseling				
22c. <i>[Skip question 22c if member is less than 8 years old]</i> Substance abuse treatment or counseling				
22d. Developmental/Intellectual Disabilities				
22e. Autism spectrum disorder services				
22f. Home health care, which means any skilled nursing care that your child may need. This may include care cleaning a wound, suctioning a vent, or giving certain medications.				
22g. Personal care services, such as assistance with dressing and washing				
22h. Dental Care				
22i. Eyeglasses or vision care				
22j. Hearing aids or hearing care				
22k. Mobility/functional aids or devices, such as canes, crutches, wheelchairs, walkers, scooters, orthotics, or braces				
22l. Communication aids or devices, such as communication boards, smart phones, or tablets				
22m. Other Durable Medical Equipment, such as nebulizers, blood glucose monitors, hospital beds, oxygen tanks, and pressure machines. These are items that are not disposable.				
22n. Formula and nutritional supplements				
22o. <i>[Skip 22o if member is less than 3 years old]</i> Diapers and incontinence supplies				
22p. Medical Supplies, such as blood glucose test strips or feeding tubes				
22q. Transportation to medical appointments				
22r. Other				
Additional Comments:				

Social Services

23. Do you need help, or are you worried about, any of the following for your child?	Yes	No	I don't know	Refused to answer
23a. Financial assistance to help pay for medical treatment				
23b. Food assistance				
23c. Housing assistance				
23d. Services at school, such as access to an appropriate aide, in school physical/occupational/speech therapy, counseling, adapted physical education, classwork accommodations, or accessibility issues.				
23e. Legal/immigration assistance				
23f. Social Security assistance				
23g. Other				
Additional Comments:				

Care Coordination

24. Do you need help coordinating services for your child?
Help setting up or coordinating your child’s care could include: help getting a referral to a specialist, help setting up an appointment, help getting the insurance company to approve a service, help getting a prescription to the pharmacy, and many others.

Yes	No	I don’t know	I don’t wish to answer
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Additional Comments:

Other Health Information**25. Do you have any other concerns about your child's health that we have not discussed?**

You are the expert on your child and will be able to tell us how your child is doing based upon your child's history. Your answer to this question will help us learn whether you think there may be a problem with your child right now. If you think there may be a problem, then we will call you to talk about your concerns.

Yes [Write your concerns]

No

Family Medical/Social Services

26. You and your family are an important part of your child's health. Please tell us if you have any problems. We will try to connect you to services that may be able to help you and your family. Do you need help, or are you worried about, any of the following for yourself and/or other members in your household other than your child?		Yes	No	I don't know	Refused to answer
26a.	Respite care, which provides short-term care so that the primary care giver can take some time away from providing care to his/her child.				
26b.	Health insurance coverage				
26c.	Medical care/and or services (including dental and vision)				
26d.	Mental health care or counseling				
26e.	Transportation assistance				
26f.	Legal/immigration assistance				
26g.	Other				

27. During the past month, have you often been bothered by feeling down, depressed, or hopeless? (please select one answer) <i>Your answers to these questions will be private. Based upon your answers to these questions, we will call you to see if you need or want information about resources that can provide you with support.</i>				
Not at all	Several days	More than half the days	Nearly every day	
		I don't know	I don't wish to answer	

Family Medical/Social Services *Continued***28. During the past month, have you often been bothered by little interest or pleasure in doing things?***(please select one answer)**Your answers to these questions will be private. Based upon your answers to these questions, we will call you to see if you need or want information about resources that can provide you with support*

Not at all	Several days	More than half the days	Nearly every day
		I don't know	I don't wish to answer

29. What are the top issues or concerns we talked about that are the most important to you?

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Additional Comments:

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Thank you for your input. Based on the information you shared about any areas of need, your Care Manager will call you to help you access needed services.