

Department for Medicaid Services of Kentucky

Health Risk Assessment

Kentucky Medicaid is committed to helping you stay healthy. Completing the Health Risk Assessment (HRA) will help us help you to reach or maintain your healthcare goals. Please take the time to answer each question as accurately as you can to complete sections 1 and 2. Once completed submit the HRA to your Managed Care Organization (MCO) using the information in section 3.

The information you share will remain private. If you have questions or need assistance with completing the HRA, contact a health services associate at **866-331-1577 (TTY: 711)**, Monday through Friday, from 8 a.m. to 5 p.m., Eastern time or Member Services at **800-444-9137 (TTY: 711)**, Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

Member information			
Name: _____	Address: _____		
Date of birth: _____	Age: _____	Medicaid ID#: _____	
Managed care organization: _____			
Phone: _____	Text messaging allowed:	Yes	No
Email: _____	Email contact allowed:	Yes	No
Emergency contact name: _____		Phone: _____	
Date completed: _____		Who completed the HRA? _____	

Health Risk Assessment (Please select all answers which apply to you.)			
Household information			
1. What is your housing situation today?			
I have housing		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)	
I choose not to answer this question			
2. Are you worried about losing your housing?			
Yes	No	I choose not to answer this question	
3. 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? Select all that apply.			
Food	Clothing	Utilities	Childcare
Medicine or any health care (medical, dental, mental health, or vision)			Phone
Other _____		I choose not to answer this question	
Note: To connect with Community Resources near you, contact the United Way by calling 211 or 800-543-7709 .			

Humana Healthy Horizons® in Kentucky

Health Risk Assessment (Please select all answers which apply to you.)

Household information

4. Has lack of transportation kept you from attending medical appointments, meetings, work, or from getting things needed for daily living? Select all that apply.

Yes, it has kept me from medical appointments

No

I choose not to answer this question

Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

5. What is your current work situation?

Unemployed

Part-time or temporary work

Full-time work

Otherwise, unemployed but not seeking work (e.g., student, retired, disabled, or unpaid primary caregiver.) Please write: _____

I choose not to answer this question

Health information

6. Are you currently pregnant?

Yes. If yes, due date: _____

No

I choose not to answer this question

Does not apply

7. Has a doctor ever told you that you have any of the following? Select all that apply.

ADHD

Allergies

Anxiety

Asthma

Autism spectrum disorder

Bipolar disorder

Cancer (current active treatment)

Chronic obstructive pulmonary disease

Depression

Developmental delay

Diabetes

Eating disorder

Heart disease

Hepatitis

High blood pressure

HIV/AIDS

Kidney disease

Obesity

Schizophrenia

Sickle cell disease

Substance use disorder

Do not have any

Other _____

I choose not to answer this question

8. Do you understand your health condition(s) and how to care for yourself to stay healthy?

Yes

No

I choose not to answer this question

9. In the past 6 months, how would you rate your overall health?

Excellent

Very Good

Good

Fair

Poor

I choose not to answer this question

10. What type of health care appointments have you attended in the last 12 months?

Select all that apply.

Physical health/medical

Mental or behavioral health

Dental

Hospital overnight

Did not attend any appointments

I choose not to answer this question

Health Risk Assessment (Please select all answers which apply to you.)

Health information

11. Have you visited the Emergency Room in the past 6 months? How many times and why?

No Yes-1 time Yes-2 times Yes-3 times

Yes-5 times Yes-more than 5 times. If yes, why: _____

I choose not to answer this question

12. Are you up to date on your vaccinations?

Yes No Unknown

I choose not to answer this question

13. Are you interested in learning more about healthy eating habits or how to lose weight?

Yes No I choose not to answer this question

14. Are you deaf, have a problem hearing, or do you have serious difficulty hearing?

Yes No I choose not to answer this question

15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes No I choose not to answer this question

16. Do you need help performing daily activities? (e.g., accessing medication, managing medication, bathing and grooming, eating, dressing, meal preparation, managing finances, accessing healthcare, walking, climbing stairs, or completing errands alone)

I do not need any help

I receive all the help I need

I could use more help

I choose not to answer this question

17. How many prescriptions and over-the-counter medication do you take each day?

None 1-3 4-7 8 or more

I choose not to answer this question

Behavioral health information

18. How often do you exercise?

2-3 times per week Once per week Rarely Never

I choose not to answer this question

19. Has alcohol or drug use made it hard for you to work, keep relationships or meet your daily needs?

Yes No I choose not to answer this question

20. Do you use tobacco, tobacco products, nicotine products, E-cigs, or vapes? Select all that apply.

Yes No I would like help quitting

I choose not to answer this question

Note: If you would like assistance with quitting, call **800-QUIT-NOW (784-8669)**.

21. Do you use any substances or prescription medications not prescribed to you?

Yes No I choose not to answer this question

Note: Misuse of substances could cause serious injury or death. Call **800-662-HELP (4357)** for 24/7 help finding treatment near you.

Health Risk Assessment (Please select all answers which apply to you.)

Behavioral health information

22. Do you have difficulty concentrating, remembering, or making decisions?

Never Rarely Sometimes Always
I choose not to answer this question

23. How often do you see or talk to people that you care about and feel close to? (e.g., talking to friends on the phone, visiting friends or family, going to church, or club meetings)

Less than once 1 or 2 times 3 to 5 times 5 or more times
a week a week a week a week
I choose not to answer this question

24. Stress is when someone feels tense, nervous, anxious, or cannot sleep at night because their mind is troubled. How stressed are you?

Not at all A little bit Somewhat Quite a bit
Very much I choose not to answer this question

25. Do you feel physically and emotionally safe where you currently live?

Yes No Not sure
I choose not to answer this question

26. In the past year, have you been afraid of you partner or ex-partner?

Yes No Not sure
I have not had a partner in the last year I choose not to answer this question

27. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

Yes No I choose not to answer this question

Note: For safety assistance, Call **800-799-SAFE** to get help if someone close to you makes you feel unsafe.

Over the past two weeks, how often have you been bothered by the following problems?

28. Having little interest or pleasure in doing things?

Not at all Several days More than half the days Nearly every day
I choose not to answer this question

29. Feeling down, depressed, or hopeless?

Not at all Several days More than half the days Nearly every day
I choose not to answer this question

30. Had thoughts about harming yourself or others?

Not at all Several days More than half the days Nearly every day
I choose not to answer this question

Note: Call or text **988** for help if you have thoughts of hurting yourself.

Health Risk Assessment (Please select all answers which apply to you.)**General information****31. What was your sex at birth?**

I choose not to answer this question
Unavailable

Female

Male

32. What gender do you currently identify with? Select all that apply.

I choose not to answer this question
Female-to-male/transgender male/
trans man
Genderqueer/non-binary, neither
exclusively male nor female

Female

Male

Male-to-female/transgender female/
trans woman

Other

33. What is your sexual orientation? Select all that apply.

I choose not to answer this question
Lesbian, gay, or homosexual
Something else

Straight or heterosexual

Bisexual

Do not know

34. What are your pronouns? Select all that apply.

I choose not to answer this question
They/them/theirs Other _____

He/him/his

She/her/hers

35. What is your race? Select all that apply.

I choose not to answer this question
Asian
Native Hawaiian or other Pacific Islander
Not listed _____

Native American or Alaska Native

Black or African American

Middle Eastern

White

Unknown

36. What is your Ethnicity? Select all that apply.

I choose not to answer this question
American Asian
Caribbean Islander Central American
Cuban Dominican
English Egyptian
Filipino French
Haitian Hispanic
Irish Italian
Japanese Korean
Lebanese Mexican
Moroccan Native American
Polish Portuguese
Salvadoran South African
Vietnamese West African
Unknown

African

Brazilian

Chinese

East African

Ethiopian

German

Honduran

Israeli

Laotian/Lao

Mexican American

Nigerian

Puerto Rican

South American

Ethnicity not listed _____

African American

Cambodian

Colombian

Eastern European

European

Guatemalan

Iranian

Jamaican

Latino

Middle Eastern African

North African

Russian

Syrian

Health Risk Assessment (Please select all answers which apply to you.)

General information

37. Do you speak a language other than English at home?

I choose not to answer this question

Yes

No

If yes, what language: _____

We may reach out to you for more information about your answers and needs. Based on your answers, you may be eligible to take part in a great program called care management. If you agree to care management, we can help you receive the right care.

1. How to submit your completed Health Risk Assessment

After you've finished the assessment, please return this document using the information in the chart below.

Managed care organization	Humana Healthy Horizons® in Kentucky
Contact number	866-331-1577 (TTY: 711) or 800-444-9137 (TTY: 711)
Email	medicaidhra@humana.com
Fax	888-899-6741
Mail	Humana Healthy Horizons in Kentucky P.O. Box 14823 Lexington, KY 40512-4823

2. Managed Care Organization completes the section below once the HRA is returned.

Date returned by member or completed by member: _____				
Method of completion:	Phone	Online	Mail	In-person
	Mobile app	Other	_____	
Reason for the HRA:	Initial Care needs	Annual Member's request	Care plan	
Risk score: _____	Health risks: _____			
Chronic/complex condition(s): _____				
Offered care management:	Yes	No	Date: _____	Enrolled: Yes No
MCO services offered: _____				
Community or resource referrals:				

Auxiliary aids and services, free of charge, are available to you.
800-444-9137 (TTY: 711), Monday through Friday, from 7:00 a.m. to 7:00 p.m., Eastern time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Srpsko-hrvatski (Serbo-Croatian): Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Deutsch (Pennsylvania Dutch): Ruf die Nummer owwe fer koschdefrei Hilf in dei eegni Schprooch.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस् ।

Oroomiffa (Oromo): Tajaajila gargaarsa afaan argachuudhaf bilbila armaan oli irratti bilbilaa.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Ikirundi (Bantu – Kirundi): Hamagara izo numero ziri hejuru uronswe ubufasha kwa gusa bw'uwugusobanurira mu rurimi wumva.

This notice is available at [Humana.com/KentuckyDocuments](https://www.humana.com/KentuckyDocuments).

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