

Member Health Screening

Dear Member,

To ensure you're getting the best care, we'd like to ask some questions about your health. We gather this information to ensure we are addressing each member's whole health. The information will remain confidential. We want to address every need with a resource. We provide the screening with sensitivity and privacy for all members. Please answer the questions to the best of your ability. Your answers won't affect your plan benefits. This should take about five minutes.

Sincerely,

Humana Healthy Horizons® in Virginia

Member last name _____ Member first name _____

Member ID # (Humana Plan ID) H _____

*Member Medicaid ID # _____

Member contact/phone _____

Member primary care provider (PCP) _____

Member PCP National Provider Identifier (NPI) _____

*Date Screening Completed (mm/dd/yyyy): _____

Part 1 - Medically Complex Classification

Has a doctor, nurse, or health care provider told you that you had/have any of the following? (Please check all applicable boxes)

Cancer (Active)

Chronic obstructive pulmonary disease (COPD) or emphysema

Diabetes

Heart disease, heart attack, heart failure (weak heart)

Human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)

Kidney failure or end stage renal disease (ESRD)

Parkinson's disease

Sickle cell disease

Stroke, brain injury, or spinal injury

Transplant or on a transplant wait list

Other chronic (long-term) disabling condition

Humana Healthy Horizons® in Virginia

Do any of the chronic conditions you checked above impact your ability to do everyday things and require you to receive assistance with any of the following: (Please check all applicable boxes)

Bathing

Eating

Walking

Dressing

Using the bathroom

Has a doctor, nurse or health care provider told you that you had/have any of the following: (Please check all applicable boxes)

Alcoholism

Bipolar disorder or mania

Depression

Panic disorder

Post-traumatic stress disorder (PTSD)

Psychotic Disorder

Schizophrenia or schizoaffective disorder

Substance use disorder or addiction

Other chronic (long-term) mental health condition.

Do any of the conditions you selected above keep you from doing everyday things?

Yes No

(females) Are you or could you be currently pregnant?

Yes

Possible, but I do not know

No

Do you have an intellectual or developmental disability and require help with any of the following: (Please check all applicable boxes)

Learning or problem-solving

Listening or speaking

Living on your own

Making decisions about your health or wellbeing

Self-care (bathing, grooming, eating)

Travel/transportation (driving, taking the bus)

Part 2 - health related social needs and health risk assessment triage

What is your housing situation today?

I have housing

I am worried about losing my housing Yes No

I do not have housing (check all that apply)

Staying with others

Living in a hotel

Living 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

In the past three (3) months, did you worry whether your food would run out before you got money to buy more?

Yes No

In the past thirty (30) days, 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.)

Yes No Prescription drugs or medicine

Yes No Utilities

Yes No Clothing

Yes No Child care

Yes No Phone

Yes No Health care (doctor appointment, mental health services, addiction treatment)

Yes No I choose not to answer this question

How many times have you been in the emergency room (ER) or a hospital in the last ninety (90) days for one (1) of the conditions you listed earlier?

_____ (Enter Number from 0 to 99)

How many times have you had a fall in the last ninety (90) days and needed to visit a doctor, Emergency Room, or hospital because of the fall?

_____ (Enter Number from 0 to 99)

Caregiver Status

Adult population question: Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Check all that apply)

Yes, it has kept me from medical appointments or from getting my medications

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

No

I choose not to answer this question

Adult population question: Do you live with at least one (1) child under the age of nineteen (19), **and** are you the main person taking care of this child?

Yes No

Adult population question: Do you live with and are you the primary caretaker of an adult who requires assistance with bathing, dressing, walking, eating, or using the bathroom?

Yes No

Adult population question: What is the highest level of school that you have finished?

Some high school but no diploma

High school diploma or equivalency (GED)

Some college but no degree

Workforce credential or industry certification after high school

Associate's degree

Bachelor's degree or higher

I choose not to answer this question

Adult population question: Do you have a job?

I have a part time or temporary job

I have a full time job

I do not have a job and am looking for one

I do not have a job and I am not looking for one

I choose not to answer this question

Adult population question: Do you like your current job?

Yes, I like my job Yes No

I must work more than one job because I can't find a full time job Yes No

I work more than forty (40) hours per week at two (2) or more part time jobs Yes No

I have been looking for a job for more than three (3) months and I have not been offered a job Yes No

I would like help finding a job that I like more or pays more money Yes No

In the past year have you been afraid of your partner, ex-partner, family member, or caregiver (paid or unpaid)?

Yes No Unsure I choose not to answer this question

Do you have other important health issues or needs that you would like to discuss with someone?

Yes No

How soon do you want to be contacted by someone to discuss your health issues or needs?

1-30 Days

31-60 Days

61-90 Days

91-120 Days

Do not contact me

Member: I acknowledge that the information is accurate and completed to the best of my knowledge. The assessment will be confirmed by a Humana Associate to ensure that you receive the best coordination to meet your needs.

Yes No

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available.
Call **844-881-4482 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **844-881-4482 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք **844-881-4482 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **844-881-4482 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **844-881-4482 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **844-881-4482 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm a sèvis disponib. Rele **844-881-4482 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **844-881-4482 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **844-881-4482 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **844-881-4482 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **844-881-4482 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **844-881-4482 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **844-881-4482 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **844-881-4482 (TTY: 711)**

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **844-881-4482 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **844-881-4482 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **844-881-4482 (TTY: 711)**.

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**844-881-4482 (TTY: 711)** までお電話ください。

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

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ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រុងប្រយ័ត្នសម្រាប់
រកបាន។ ទូរសព្ទទៅលេខ **844-881-4482 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
844-881-4482 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນ
ໃຫ້ໃຊ້ໄດ້. ໂທ **844-881-4482 (TTY: 711)**.

Diné [Navajo]: Saad t'áa' jiik'eh, t'áadoole'é binahjì' bee adahodooníí'gíí' diné bich'í'
anídahazt'í'í, dóo' łahgo át'éego bee hada' dilyaaígíí' bee bika' aanída'awo'í dahóló. Kohjì'
hodíilnih **844-881-4482 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty.
Zadzwoń pod numer **844-881-4482 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e
outros formatos alternativos. Ligue **844-881-4482 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।
844-881-4482 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки,
вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру
844-881-4482 (TTY: 711).

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y
servicios en otro formato están disponibles. Llame al **844-881-4482 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na
pantulong, at kapalit na format. Tumawag sa **844-881-4482 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன.
844-881-4482 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు
అందుబాటులో గలవు. **844-881-4482 (TTY: 711)** కి కాల్ చేయండి.

[Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ **(TTY: 711) 844-881-4482** کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định
dạng thay thế. Hãy gọi **844-881-4482 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጫ ቅርፀት ያላቸው አገልግሎቶችን ይገኛሉ። በ
844-881-4482 (TTY: 711) ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdò-fàgá-nyo, kè nyo-baŋn-po-kà bɛ bɛ
nyuεε se wídí péè-péè dò ko. **844-881-4482 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **844-881-4482 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn isẹ̀ àtilẹ̀hin ìrànጓwọ̀ èdè, àti ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe
844-881-4482 (TTY: 711).

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था)
सेवाहरू उपलब्ध छन् । **844-881-4482 (TTY: 711)** मा कल गर्नुहोस् ।