

## MSC+/MSHO Institutional Health Risk Assessment

Assessment Date:				MSC+ MSHO					
MEMBER INFORMATION									
Member Name	DOB	Member ID		UCare Enrollment Date					
Facility Name	Facility Phone Number	Facility Address							
Facility Admission D	Pate Primary Contact at Facility	(Name, Title, Phon	e)						
		FACILITY CHART RI	VIEW						
_	Support Plan information was gat	·		teraction with the					
member/represent	ative, facility staff, and facility cha	rt review:Yes	No						
	sing home staff? Yes No								
Name, Discipline, D	ate:								
Is there an Advance	d Directive, Health Care Directive	, and/or POLST on	file?  Yes  No						
	Directive, Health Care Directive, a	nd/or POLST discus	ssed with member/rep	resentative? Yes No					
If not discussed, provide	reason:								
Hospital/ER Visits in	the past year? Yes No								
If yes, provide dates and									
Discussed Transition	ns of Care? Yes No								
If not discussed, provide									
Date of most recent	t MDS:								
Care Coordinator re	eviewed MDS? Yes No								
Copy of MDS receiv	ed and attached to IHRA? Yes	□No							
Date of most recent	Date of most recent nursing home care plan:								
Care Coordinator re	eviewed facility care plan? Yes	□No							
Copy of facility care plan received and attached to IHRA? Yes No									
Current diagnosis/problem list attached? Yes No									
If not attached, list diagnoses/problem:									
Current medication list attached? Yes No Not applicable, no medications									
If not attached, list medications:									
	ļ.	Preventative Care I	Review						
Preventative Screening and		Pess	mmendation made to	Notes (dates, education					
Immunization	Is Member up to Date?		ing home staff or PCP?	provided)					
Record									
Annual Primary Care Visit	☐Yes ☐No ☐Unknow	'n	☐Yes ☐No						
Flu	Tyes TNo Tunknow	ın.	□Yes □No						

Pneumococcal	∐Yes ∐	No Unkn	own		∐Yes ∐No			
TDAP	Yes _	No Unkn	own		Yes No			
Shingles	☐Yes ☐	No Unkn	own		☐Yes ☐No			
COVID-19	Yes _	No Unkn	own		Yes No			
Hearing Exam	Yes	No Unkn	own		Yes No			
Vision Exam	Yes	No Unkn	own		Yes No			
Dental Exam	Yes	No Unkn	own		Yes No			
Colon Screening	Yes	No Unkn	own		Yes No			
Breast Cancer								
Screening	∐Yes ∐	No Unkn	own		Yes No			
Other:	☐Yes ☐	No Unkn	own		Yes No			
other:				rumental A	ctivities of Da	ily Living (IAI	DLs)	
ADL/IADL	Independent	_	tance Neede		Dependent	Notes	2.23/	
Dressing	шасрешает				- сретиет.	110100		
Grooming								
Bathing								
Toileting								
Bed Mobility								
Transferring								
Ambulation								
Eating Phone Calling								
Shopping								
Meal Preparation								
Light								
Housekeeping								
Managing								
Medications								
Money								
Management								
Transportation			N 4 l-	1				
Emetional Health C	·		Membe	er Interviev	V			
Emotional Health S	_							
PHQ-9 or PHQ-9-0\ If score not available, or		complete the	Emotional Heal	th Screening				
		Excellent	Good	Fair	Poor	Unable to	Chose not to	N/A
How would you rate	e your health?					answer	answer	·
		<u> </u>	<u> </u>	Yes	No	Unable to	Chose not to	N/A
1 11 11						answer	answer	,
In the past three many	In the past three months, have you been stressed or anxious?							
In the past three m	In the past three months, have you had little interest or							
pleasure in doing th								
In the past three me								
depressed, or "blue" more than usual?  In the past three months, have you been limited in your								
•	-		-					
social activities with	-	ignibols, of §	groups					
(not related to transportation)?  Cognitive Status/Communication Screening								
CO100 Brief Intervie		_	vro.					
If score not available, co				ζ.				
	,	Excellent	Good	Fair	Poor	Unable to		N/A
How well would you	u say your					41.500	4.13.77.61	
memory is?								

Are you experiencing any pain now or in the last two weeks?  Has your pain affected your function or quality of life? Have you talked to your doctor or someone else about the cause of your pain?  Substance Use  Do you use any substances such as, but not limited to, can control your pain?  Substance Use  Tyes No No N/A Unable to answer  Answer  Answer  Do you use any substances such as, but not limited to, answer any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  Tobacco Use  Yes No No N/A Unable to answer  If yes, would you like any assistance to address your concerns?  Tobacco Use  Yes No No N/A Unable to answer  If yes, would you like any assistance to address your concerns?  Tobacco Use  Yes No No N/A Unable to answer  If yes, would you like any assistance to address your concerns?  Tobacco Use  Yes No Unable to answer  Or you use tobacco products (including cigarettes, cigars, smokeless tobacco?)  If yes, do you or anyone close to you have any concerns about your use?  If yes, would you like any assistance to address your concerns?  Safety  Safety  Yes No Unable to answer  Ans	How well would yo to communicate yo concerns with prov	our needs or									
Markey our pain affected your function or quality of life?   Have you talked to your doctor or someone else about the cause of your pain?   Chose not to answer   Chose not to	Pain Screening	Pain Screening			Yes		١	No		Ch	
Have you talked to your doctor or someone else about the cause of your pain?  Substance Use  Yes No N/A Unable to answer  Do you use any substances such as, but not limited to, alcohol, marijuana, cocaine, or amphetamines? If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use tobacco products (including cigarettes, cigars, smokeless tobacco)?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  If yes, mould you like any assistance to address your concerns?  Safety  Yes No N/A Unable to answer  If yes, mould you like any assistance to address your concerns?  If yes, mould you like any assistance to address your concerns about your use?  If yes, mould you like any assistance to address your concerns about your use?  If yes, mould you like any assistance to address your concerns?  If yes, mould you like any assistance to address your concerns?  If yes, mould you like any assistance to address your concerns?  If yes, do you or anyone currently burting you physically (hitting, slapping, pushing, kcking)?  Is anyone currently burting you physically (hitting, slapping, pushing, kcking)?  Is anyone currently touching you in a way that makes you feel uncomfortable?  Is anyone currently emotionally abusive to you?  It have a steady place to live.  I have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live if an temporarily staying with others, in a hotel, in a shelter, living outside		ng any pain now or in	the last t	wo							
Substance Use	Has your pain affect	cted your function or o	uality of	life?							
Substance Use	•	- <del>-</del>	ne else al	bout							
Do you use any substances such as, but not limited to, alcohol, marijuana, cocaine, or amphetamines?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  Do you use tobacco products (including cigarettes, cigars, smokless tobacco)?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  If yes, do you or anyone close to you have any concerns about your use?  If yes, would you like any assistance to address your concerns?  Safety  Yes  No  Unable to answer  Chose not to answer  Is anyone currently mismanaging your money or stealing from you?  Is anyone currently hurting you physically (hitting, stapping, pushing, kicking)?  Is anyone currently touching you in a way that makes you feel uncomfortable?  Is anyone currently emotionally abusive to you?  It have a steady place to live.  Unable to answer  Chose not to answer  I have a steady place to live (if am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Chose not to answer  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lek feet  I each of heat  I e	the cause of your p	pain?									
alcohol, marijuana, cocaine, or amphetamines?  If yes, do you or anyone close to you have any concerns about your use?  If yes, would you like any assistance to address your concerns?  Tobacco Use  Pyes  No  N/A  Unable to answer  Do you use tobacco products (including cigarettes, cigars, smokeless tobacco)?  If yes, do you or anyone close to you have any concerns about your use?  If yes, would you like any assistance to address your concerns?  Safety  Yes  No  Unable to answer  Chose not to answer  Is anyone currently mismanaging your money or stealing from you?  Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)?  Is anyone currently the motionally abusive to you?  Is anyone currently mentionally abusive to you?  Is anyone currently mentionally abusive to you?  I have a steady place to live. I have worried about losing it in the future.  I have a steady place to live (if am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Not applicable  Pyes  No  Unable to answer  Chose not to answer  Chose not to answer  Chose not to answer  Not applicable  Think about the place you live. Do you have problems with any of the following:  Pyests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat  House of the did with a problems with any of the following:  Pyests, such as bugs, ants, or mice?	Substance Use			Yes	No		N/A		Ch		
If yes, would you like any assistance to address your concerns?				d to,							
Tobacc Use  Tobacc Use  Yes  No  N/A  Unable to answer  Safety  Yes  No  Unable to answer  Is anyone currently mismanaging your money or stealing from you?  Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)?  Is anyone currently twothing you in a way that makes you feel uncomfortable?  Is anyone currently motionally abusive to you?  Living Situation  Thave a steady place to live.  I have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live (I am temporarily styring with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).  Unable to answer  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Levi Hose our or mice?  No Unable to answer  Chose not to answer  Chose not to answer  Chose not to answer  A Unable to answer  Chose not to answer  Ves  No  Unable to answer  Chose not to answer  Do you like where you live?  Yes  No  Unable to answer  Chose not to answer  Chose not to answer  Chose not to answer  Living situation  Chose not to answer  Chose not to answer  Chose not to answer  Chose not to answer  Destruction of the following:  Yes  No  Unable to answer  Chose not to answer  Chose not to answer  Chose not to answer  Lead paint or pipes  Lack of heat  Chose not to answer		yone close to you hav	e any con	cerns							
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If yes, do you or anyone close to you have any concerns about you ruse?  If yes, would you like any assistance to address your concerns?  Safety  Yes  No  Unable to answer  Is anyone currently mismanaging your money or stealing from you?  Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)?  Is anyone currently touching you in a way that makes you feel uncomfortable?  Is anyone currently emotionally abusive to you?  Living Situation  What is your living situation today?  What is your living situation  What is your living situation  Thave a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lead paint or pip	Tobacco Use				Yes	No		N/A			
about your use?  If yes, would you like any assistance to address your concerns?  Safety  Yes  No  Unable to answer  Is anyone currently mismanaging your money or stealing from you?  Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)?  Is anyone currently thurting you in a way that makes you feel uncomfortable?  Is anyone currently emotionally abusive to you?  Living Situation  What is your living situation today?  What is your living situation today?  Thave a steady place to live, but I am worried about losing it in the future.  I have a steady place to live, but I am worried about losing it in the future.  I have a steady place to live, lam temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Not applicable  Think about the place you live?  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat  Chose not to answer  Chose not to answer  Lound I was been you live. Do you have yes not consider the following:  Yes  No  Unable to answer  Chose not to answer  Lead paint or pipes  Lack of heat	-		igarettes	, cigars,							
If yes, would you like any assistance to address your concerns?  Safety  Yes  No  Unable to answer  Is anyone currently mismanaging your money or stealing from you? Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)? Is anyone currently touching you in a way that makes you feel uncomfortable? Is anyone currently emotionally abusive to you?  Living Situation  What is your living situation today?  I have a steady place to live, but I am worried about losing it in the future. I do not have a steady place to live, but I am worried about losing it in the future. I do not have a steady place to live, ling outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter.  Think about the place you live?  Yes  No  Unable to answer  Chose not to answer  Chose not to answer  And the following:  Pests, such as bugs, ants, or mice?  Mold  Living Street And Street And		yone close to you hav	e any con	cerns							
Safety  Yes  No  Unable to answer  Chose not to answer  Is anyone currently mismanaging your money or stealing from you?  Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)?  Is anyone currently touching you in a way that makes you feel uncomfortable?  Is anyone currently emotionally abusive to you?  Living Situation  What is your living situation today?  I have a steady place to live. I have a steady place to live (i am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Not applicable  Think about the place you live?  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat	•	ke any assistance to a	ddress yo	ur							
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Is anyone currently hurting you physically (hitting, slapping, pushing, kicking)? Is anyone currently touching you in a way that makes you feel uncomfortable? Is anyone currently touching you in a way that makes you?  Living Situation  What is your living situation today?  What is your living situation today?  I have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Not applicable  Yes  No  Unable to answer  Chose not to answer  If no, what would you change?  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat	Safety			Yes		١	No I				
Sapping, pushing, kicking)?   Sa anyone currently touching you in a way that makes you feel uncomfortable?   Sa anyone currently emotionally abusive to you?   Sa anyone currently abusive t											
feel uncomfortable?  Is anyone currently emotionally abusive to you?  Living Situation  What is your living situation  What is your living situation today?  I do not have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Not applicable  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat			y (hitting,								
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Think about the place you live?  Think about the place you live. Do you have problems with any of the following:  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  I have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live, but I am worried about losing it in the future.  I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train shelter, in a car, abandoned building, bus or train shelter.  Yes  No  Unable to answer  Chose not to answer  Chose not to answer  Chose not to answer  Answer  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat	<b>0</b>	I have a steady place	e to live.								
What is your living situation today?  I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)  Unable to answer  Chose not to answer  Not applicable  Yes  No  Unable to answer  Chose not to answer  If no, what would you change?  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat				out I am v	vorried about losing it in the future.						
Chose not to answer Not applicable  Yes No Unable to answer  Chose not to answer  If no, what would you change?  Think about the place you live. Do you have problems with any of the following: Pests, such as bugs, ants, or mice?  Mold Lead paint or pipes Lack of heat	living situation	shelter, living outsic station, or in a park	ing outside on the street, on a beach, in a car, abandoned building, in a park)								
Not applicable  Yes  No  Unable to answer  Chose not to answer  If no, what would you change?  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat  Lead paint or pipes  Lack of heat			r								
Do you like where you live?  If no, what would you change?  Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold Lead paint or pipes Lack of heat  No Unable to answer  Chose not to answer  Chose not to answer  Answer  Chose not to answer  Chose not to answer  Chose not to answer											
Think about the place you live. Do you have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat  No  Unable to answer  Chose not to answer  answer	Yes			No		Unable to answer					
have problems with any of the following:  Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat	If no, what would y	ou change?	1		1			I			
Pests, such as bugs, ants, or mice?  Mold  Lead paint or pipes  Lack of heat	ΥΔς			No		Unable to answer					
Mold Lead paint or pipes Lack of heat	· · · · · · · · · · · · · · · · · · ·							а	113 VV CI		
Lead paint or pipes Lack of heat		, and, or fince:									
Lack of heat		:									
		•									
		working									

Smoke detectors missing or not working								
Water leaks.								
Care Coordinator has assessed the member's desire and/or ability to relocate back to the community or another facility.  Yes No								
If the member is interested in transition to a	nother setting,	the C	Care Coordi	nator provid	ed resource	s and bene	efits av	<i>r</i> ailable
regarding transition planning and relocation.	•							
Yes No Not applicable								
If no, explain:								
Was a referral for services made?								
Yes No Not applicable								
If no, explain: Food	Often	Sor	metimes		Unable t	to Chose	not	
roou	true		true	Never true	answei			N/A
Within the past 12 months, you worried that	0.00				G.1.517 G.			
your food would run out before you got								
money to buy more?								
Within the past 12 months, the food you								
bought just didn't last and you didn't have								
money to get more?								
Outside of mealtimes, can you get something	Yes			No	Linable t	o answer	Ch	ose not to
to eat or grab a snack when you get hungry?	163			INO	Unable t	O aliswei		answer
Transportation	Often true	5	Sometimes	Nove	r true	Unable to	o C	hose not to
	Often true		true	INCVC	i ti ue	answer		answer
In the past 12 months, has lack of reliable								
transportation kept you from medical								
appointments, meetings, work, or from								
getting things needed for daily living?								
Do you put off or neglect going to the doctor								
because of distance or transportation?  If the member indicated they need support access to food and/or transportation, the Care Coordinator will complete these								
follow up actions:								
N/A, no needs identified.								
Community								

Comments: