

Business and Functional Requirements

HRA Redesign Project

(SR #S17-10610)

Prepared for Health Services  
Dr. Raphael Amezcua, Business Owner

**Prepared by Cat Ellen,  
Vanessa Macias, and Gina Conyers**

BRD-FRD Version 1.3, October 30, 2017

**Updated by Scharee Price,**BRD-FRD Version 1.4, November 20, 2017

**Version 1.5, November 29, 2017**

**Version 2.0, January 31 2018**

**Table of Contents**

A. Overview 5

A.1. Executive Summary 5

A.2. Background 5

A.3. Business Need / Key Benefits 5

A.4. Justification 6

A.5. In Scope 6

A.6. Not in Scope 7

A.7. Assumptions 7

A.8. Dependencies 8

A.9. Constraints 8

A.10. References 8

A.11. Stakeholders / Impacted Areas 8

A.12. RACI Chart 9

A.12.1. Codes Used in RACI Chart 9

A.12.2. RACI Chart 9

A.13. Definitions 10

B. PROCESS(ES) 12

B.1. Current Process(es) 12

B.2. Projected Process 13

B.3. Overall Project Timeline 14

1 Business Requirements 15

1.1 BR1.1 – No Changes Except Those Specified 15

1.2 BR1.2 – Replace the Current HRA Questions (CMC and SPD) 15

1.2.1 BR1.2.1 – Questions in the CMC and SPD HRAs shall be identical 15

1.2.1.1 BR1.2.1.1 – Call Attempts for CMC and SPD shall remain unchanged 15

1.2.2 BR1.2.2 –Use the Additional Demographics Fields 16

1.2.3 BR1.2.3 – Questions in CCA Must Follow the Order of the Paper HRA 16

1.2.4 BR1.2.4 – Questions in CCA Must Include the Question Number 16

1.3 BR1.3 – Use New Scoring for new HRA Questions and Answers 16

1.4 BR1.4 – Establish Transition Period for New HRA Forms 16

1.5 BR1.5 – No Longer Send Member HRA Data to Beacon 16

2 FUNCTIONAL Requirements 17

2.1 FR2.1 – Use Current Design Docs and Current HRA for all Undesignated Configuration 17

2.2 FR2.2 – Configure New HRA 17

2.2.1 FR2.2.1 – Create one new HRA for both LOBs 17

2.2.1.1 FR2.2.1.1 – Add Concept to Select LOB 17

2.2.1.2 FR2.2.1.2 – Call Attempts in the new HRAs shall use New Concept IDs 17

2.2.2 FR2.2.2 – Change the Demographics Section 17

2.2.3 FR2.2.3 – Use the Redesigned HRA Question Order 20

2.2.4 FR2.2.4 – Display the Question Number 20

2.3 FR2.3 – Use the New Questions and Answers 20

2.3.1 FR2.3.1 – Use Not Answered/Left Blank 29

2.4 FR2.4 – Scoring Configuration Rules 29

2.5 FR2.5 – Scoring Totals 41

2.5.1 FR2.5.1 – Maximum HRA Score 41

2.5.2 FR2.5.2 – HRA Complex Queue 41

2.5.3 FR2.5.3 – HRA High Risk Queue 41

2.5.4 FR2.5.4 – HRA Low Risk Queue 41

2.5.5 FR2.5.5 – HRA Mandatory Reporting Queue 41

2.5.6 FR2.5.6 – HRA MLTSS Queue (Orange Trigger List) 41

2.6 FR2.6 – Transition Period 41

3 Reporting Requirements 43

3.1 RPT3.1 – Existing HRA Reports Shall Be Updated for the new HRAs 43

3.1.1 RPT3.1.1 – Old and New Reports Shall Run in Parallel for the Transition Period 43

4 Project Change Control Process 44

5 Business Requirements ACCEPTANCE 45

5.1 Requirements Specification Approval 45

6 Appendix 47

6.1 Traceability Matrix 47

6.1 “Orange List” Trigger Questions Mapped 48

**List of Tables**

[Table 1: Version / Revision 4](#_Toc497139195)

[Table 2: RACI Chart 9](#_Toc497139196)

[Table 3: Definitions 10](#_Toc497139197)

[Table 4: Priority Levels 15](#_Toc497139198)

[Table 5: Demographics for HRA (from the new Paper HRA) 17](#_Toc497139199)

[Table 6: New HRA Questions for both CMC and SPD 20](#_Toc497139200)

[Table 7: New HRA Custom Score Configuration 29](#_Toc497139201)

[Table 8: Traceability Matrix 47](#_Toc497139202)

[Table 9: “Orange List” MLTSS Needs Trigger Questions Mapped 48](#_Toc497139203)

**Table of Figures**

[Figure 1:VERY High-Level HRA Current Process Flow 12](#_Toc497139204)

[Figure 2: Attached File: HighLevel\_HRA\_ProcessFlow\_v3.pdf 12](#_Toc497139205)

[Figure 3: PROPOSED new VERY High-Level HRA Process Flow 13](#_Toc497139206)

[Figure 4: Attached File: PROPOSED\_HighLevel\_HRA\_ProcessFlow\_v4.pdf 13](#_Toc497139207)

[Figure 5: Project Timeline (as of 8/16/2017) 14](#_Toc497139208)

[Figure 6: Attached File: New Paper HRA 9-21-17.docx 15](#_Toc497139209)

[Figure 7: Attached File: HRA\_Redesign\_with\_Scoring\_v4.xlsx 16](#_Toc497139210)

[Figure 8: Attached File: CMC Campaigns v3.0.xlsx 52](#_Toc497139211)

Document Revision/Version Control

Table : Version / Revision

| Version No. | Date | Reason for Revision | Revised by |
| --- | --- | --- | --- |
| 0.1 | 09/28/2017 | First Draft | Cat Ellen, Vanessa Macias, and Gina Conyers |
| 1.0 | 10/03/2017 | First Published Version to send for Approval | Cat Ellen |
| 1.1 | 10/18/2017 | Clarification for Config Team Design Docs   * Updated all *~~Refused to answer~~* Not Answered / Left Blank * Logged every “required” versus “nested” for every question * Included no scoring for Non-English preferences | Cat Ellen, Adrianna Locatelli, and Scharee Price |
| 1.2 | 10/19/2017 | Clarification for Config Team Design Docs   * Details for MLTSS Queue | Cat Ellen, Adrianna Locatelli, and Scharee Price |
| 1.3 | 10/30/2017 | Updated process for data sent to Beacon:  *See BR1.5*  Updated Proposed High Level Process Flow to include this change | Cat Ellen, Vaness Macias, and Gina Conyers |
| 1.4 | 11/20/2017 | Update Yes/No/Other Values per Configuration Design Doc  FR2.3 – Change 2a-2e from branching to nested and add Not Answered / Left blank  Update scoring logic based on value changes for Yes/No/Other | Scharee Price |
| 1.5 | 11/29/2017 | Update scoring logic | Scharee Price |
| 2.0 | 01/31/2018 | 1. Add all answer selections for conditional statements to nested question for (See attached screen shots):   Q2  Q22  Q28  Q36h   1. Always Display Q37   3.Add Quadrant/Scoring Revised docs | Scharee Price |

1. Overview
   1. Executive Summary

The CalMediConnect (CMC) and Medi-Cal Seniors and Persons with Disability (SPD) programs require administration of a Health Risk Assessment (HRA) for all newly enrolled members to assess health status; CMC also requires annual administration of the HRA. The California Department of Health Care Services (DHCS) issued notices for both programs that mandate changes to HRA content, and Medicare-Medicaid Plans (MMPs) and Managed Care Plans (MCPs) must comply by January 1, 2018. DPL 17-001 and APL 17-013 were issued on July 11, 2017. The State has identified ten (10) new Long-Term Support Services (LTSS) referral questions required in both HRAs. Health Services, supported by Executive Directors of the CMC and SPD programs, proposes rewriting existing HRAs while including new State-mandated questions to more effectively identify members’ needs and target care coordination/management. The CMC and SPD programs will use the same HRA tool for the first time, allowing for more consistency across programs.

* 1. Background

The requirement to include new State-mandated questions in CMC and SPD HRAs necessitates redesign and reconfiguration of existing HRAs. Health Services proposes a comprehensive revision that will also improve member experience of the HRA, as well the ability of Health Services to assess member needs and align responses with the four quadrants of well-being—medical, functional, behavioral health, and socioeconomic status (SES). Responses to each of the HRA questions will be linked to these quadrants to create targeted member-centric care plans and improve compliance with CMS and DHCS requirements that Individual Care Plans (ICPs) be based on HRA results. Advantages of creating a single HRA for SPD and CMC are: 1) operational efficiencies in development, processes, and configuration of CCA; 2) simplified regulatory review; 2) common processes and training in tool administration; 3) improved and targeted care management for both populations.

Duals Plan Letter (DPL) 17-001 supersedes DPL 15-005 for Medicare-Medicaid Plans (MMPs) participating in the Duals Demonstration Project; “Health Risk Assessment and Risk Stratification Requirements for CalMediConnect”

All Plan Letter (APL) 17-013 supersedes policy letter 14-005 for Medi-Cal Seniors and Persons with Disabilities (SPDs); “Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities”

Operational mandates in the DPL and APL include stakeholder review, as well as review by the regulatory agencies. In addition, the CMC three (3)-way contract Section 2.9.10.5.1 requires that network providers receive 30 days advance notice in writing to provide education and training prior to the policy and procedure changes taking effect. PPGs delegated for care management need time to reconfigure their systems and understand how to use the new tool for care planning.

* 1. Business Need / Key Benefits

To fulfill two related regulatory requirements calling for the inclusion of 10 LTSS questions

* All Plan Letter (APL) 17-013 “Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities”
* Dual Plan Letter (DPL) 17-001 “Health Risk Assessment and Risk Stratification Requirements for CalMediConnect”

To more effectively identify members’ needs and target care coordination and management by redesigning the existing HRA in addition to including new State-mandated questions

To allow for more consistency across programs by having one tool for two lines of business (LOBs)

To improve the member experience of the HRA by making it shorter and more succinct

To improve the HRA completion rate by making the new HRA easier and quicker to administer to members

To improve the ability of Health Services to assess member needs and align responses with a new proposed model of needs identification

* 1. Justification

Member Satisfaction

Provider Satisfaction

Financial Stability

Quality Improvement

Contract Compliance

Other (Explain below)

* 1. In Scope

The following are high-level deliverables that will be completed during this project.

Creation of new HRA questionnaire (Paper HRA)

* Stakeholder review of the new HRA
* Obtainment of necessary approvals both internal and external
* Updates to policies meeting APL/DPL requirements for approval
* CCA configuration for new HRA
* Call scripts / help tools
* Staff training
* Training for implementation of the HRA in CCA, to be coordinated by PMO and the Business

HRA Administration

* Translations for threshold languages
* Conduct new HRA by Telephone
* Conduct new HRA by Mailing (Paper HRA)
* Conduct new HRA in-person/face-to-face
* Transition/sun setting of old (current) HRAs

Algorithm Development

* Scoring of the HRA
* Stratification of members based on HRA scores

Provider

* Communication to Providers about new HRA
* New HRA results are distributed to the Provider Portal, in the same manner as the current HRA results for the Provider Portal
* Training for Providers on the new HRA questions and stratification/scoring

Reporting

* Continued support of existing HRA reports in production
* State reporting (DHS) requirements
* CMS reporting requirements
* CSC reporting requirements
* Provider reporting requirements
* MLTSS reporting (orange trigger list)
* New HRA reporting
* Quadrant reporting (new business reports) Replaces Case Summary



* 1. Not in Scope

Future Scope, not in this Phase or SR

* Process improvement activities for any impacted areas (CSC, MLTSS, Beacon)
* Manual Work-Around processing (for routing the member responses to the appropriate Health Services team)
* Automated process to scan member HRA results return by mail (paper HRA) and import scanned results into CCA or other system/database
* HRA available for Member to complete the HRA through the Member Portal
  1. Assumptions

Resources

* Resource gaps identified in the RACI matrix will be fulfilled.  
  (OR)
* Weekly hours for existing resources will be extended and approved as required.

Build/Maintenance Ownership

* LAC will own builds for content editor work including Concepts, Assessments, Problems Goals and Interventions, Forms, and Campaigns
* LAC will own builds for letter
* TriZetto/Cognizant will own migration of content between environments
* TriZetto/Cognizant will own system administration for hosted environments
* TriZetto/Cognizant will own existing custom development work
* LAC will own report development
* LAC will coordinate vendor extracts as needed
  1. Dependencies

CCA Development Schedule

Holidays and Black-out Dates for Implementation

Any possibly Code Freeze Dates

* 1. Constraints

Regulatory and Compliance Dates for Implementation

* 1. References

All Plan Letter (APL) 17-013 “Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities”

Dual Plan Letter (DPL) 17-001 “Health Risk Assessment and Risk Stratification Requirements for CalMediConnect”

**PMO Portfolio SharePoint site**

* PMO Portfolio > [Health Risk Assessment Tool Redesign (HRA) > Documents](http://sp20102.lacare.org/sites/PMC/PMC%20Home/Health%20Risk%20Assessment%20Tool%20Redesign%20(HRA)/PMCentralPages/Documents.aspx)
* <http://sp20102.lacare.org/sites/PMC/PMC%20Home/Health%20Risk%20Assessment%20Tool%20Redesign%20(HRA)/PMCentralPages/Documents.aspx>
* S17-10610\_HIF-Redesign\_BRD-FRDv1.0.docx*(this document)*
* S17-10610\_HIF-Redesign\_Reportingv1.0.docx
* Previous BRDs and FRDs: With a collection of Report samples and their corresponding design docs and BRDs
  1. Stakeholders / Impacted Areas

Clinical Assurance

Communications Relations

Compliance

Customer Solutions Center

* Appeals and Grievances
* Call Center
* Enrollment Services
* Even MORE
* Office of Service Excellence

Health Outcomes and Analysis

Health Services

* Behavioral Health
* Care Management
* Disease Management
* MLTSS
* Social Work
* Utilization Management

Information Technology

Provider Network Management

Product: CMC and SPD

Sales and Marketing

* 1. RACI Chart

The RACI chart identifies the persons who need to be involved whenever changes are made to this document. RACI stands for responsible, accountable, consulted, and informed. These are the main codes that appear in a RACI chart, used here to describe the roles played by team members and stakeholders in the production of the BRD.

* + 1. Codes Used in RACI Chart

|  |  |  |
| --- | --- | --- |
| R | Responsible | Responsible for creating this document |
| A | Accountable | Approves the document and has final signing authority |
| C | Consulted | Provides input (such as an interviewee) |
| I | Informed | Must be informed of any changes |

* + 1. RACI Chart

Table : RACI Chart

| Name | Position | R | A | C | I |
| --- | --- | --- | --- | --- | --- |
| Dr. Rafael Amezcua | Medical Director, Medicare Medical Management | X | X |  |  |
| Vanessa Macias | PMO Project Manager, Project Manager | X |  |  |  |
| Gina Conyers | PMO Program Manager, Program Manager | X |  |  |  |
| Cat Ellen/Scharee Price | IT Solutions Delivery, Senior Business and Systems Analyst | X |  |  |  |
| Sheila Pejmanzar | Enterprise Configuration, Director of Configuration (Surround Systems) |  |  | X | X |
| Kathy Kwan | H.S. Reporting and Support, MLTSS Project Manager |  |  | X | X |
| Geoffrey Vitrano | Customer Solution Center, Senior Director |  | X | X | X |
| Bruce Pollack | Medi-Cal, SPD, CCI, Executive Directors Administration, Executive Director |  | X | X | X |
| Dan Salo | Medicare & CalMediConnect Operations, Senior Director |  | X | X | X |
| Dr. Katrina Miller | Health Services, Chief Medical Information Executive |  |  | X | X |
| Jovilyn Tapawan | Clinical Assurance, Clinical Assurance Compliance Nurse Specialist, RN |  |  | X | X |
| Anita Despues-Watson | Provider Network Management, Director of Provider Engagement and Strategy |  |  | X | X |
| Florence Boodsayaskul | Provider Network Management, Senior Manager of Engagement and Strategy |  |  | X | X |
| Leslie Seltzer | Healthcare Outcomes and Analysis, Information Systems Specialist |  |  | X | X |
| Erika Estrada | Communications, Supervisor of Community Relations |  |  | X | X |
| Sharon Parker-Martin | Senior Director, Enterprise Configuration |  | X | X | X |
| Scott Dickson | Managing Director, Applications |  | X | X | X |
| Richard Holmes | Senior Director, IT Architecture, IT Executive Administation |  | X | X | X |
| Arun Sekar | Enterprise Applications Architect QNXT/CCA, IT Enterprise Architecture |  |  | X | X |
| Scharee Price | Technical Analyst, IT Solutions Delivery | X |  | X | X |

* 1. Definitions

Table : Definitions

| Term or Acronym | Definition |
| --- | --- |
| APL | All Plan Letter |
| CCA | Clinical Care Advance |
| CCM | Complex Care Management |
| CM | Care Management |
| CMC | Cal Medi-Connect |
| CSC | Customer Solutions Center |
| DHCS | Department of Health Care Services |
| DM | Disease Management |
| DPL | Dual Plan Letter |
| Even MORE | Member Outreach, Retention, and Engagement |
| HO&A / HOA | Health Outcomes and Analysis |
| HRA | Health Risk Assessment |
| LAC | L.A. Care |
| LOB | Lines of Business |
| MLTSS | Managed Long-Term Services and Supports |
| PCP | Primary Care Provider |
| PPG | Primary Physician Group |
| SPD | Seniors and Persons with Disabilities |
| UM | Utilization Management |

1. PROCESS(ES)
   1. Current Process(es)

Please use the attached PDF (below) to examine the process flow.

Figure :VERY High-Level HRA Current Process Flow

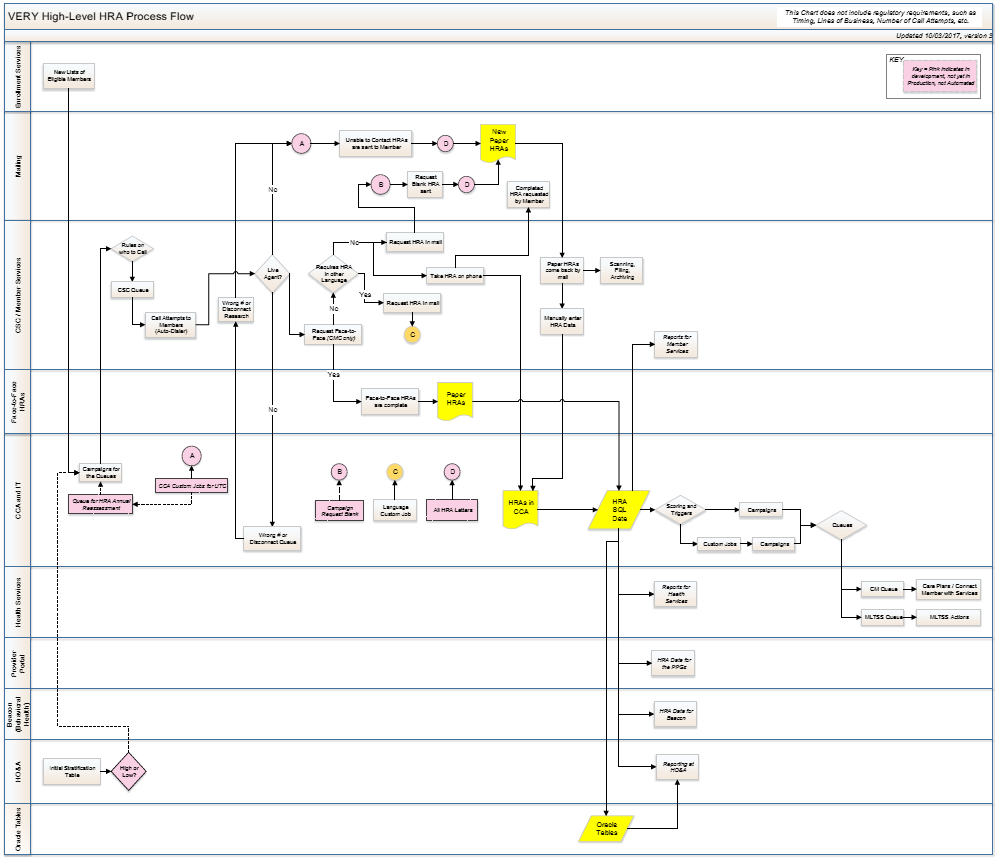


Figure : Attached File: HighLevel\_HRA\_ProcessFlow\_v3.pdf



* 1. Projected Process

Please use the attached PDF (below) to examine the process flow.

Figure : PROPOSED new VERY High-Level HRA Process Flow

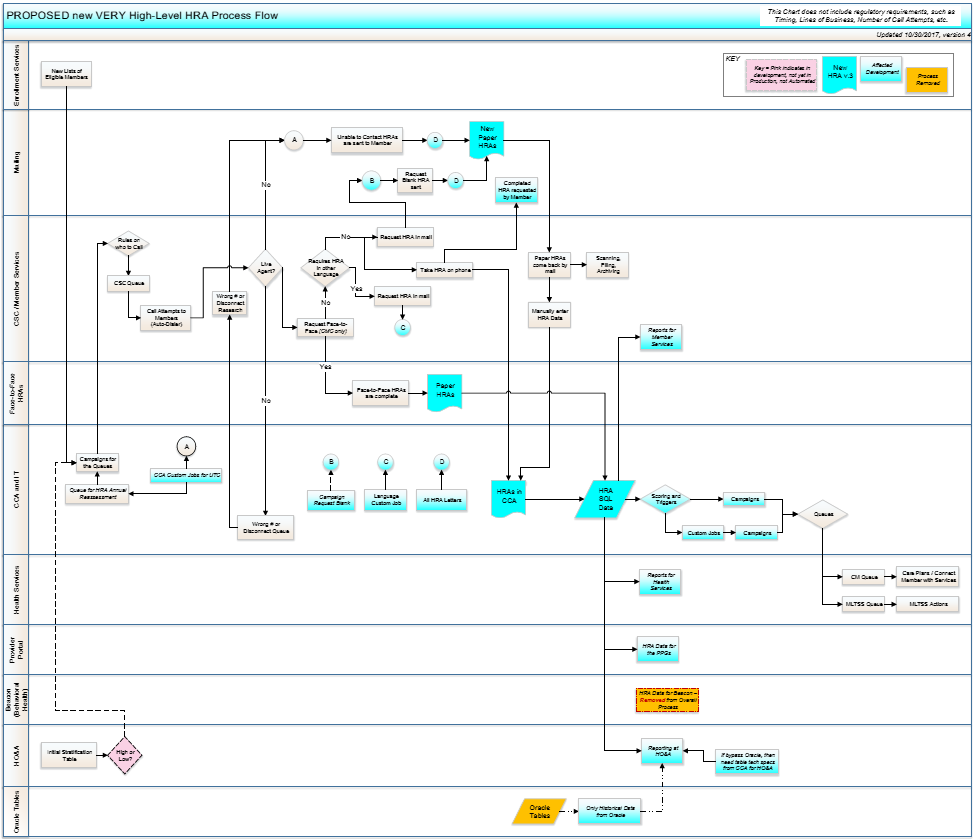
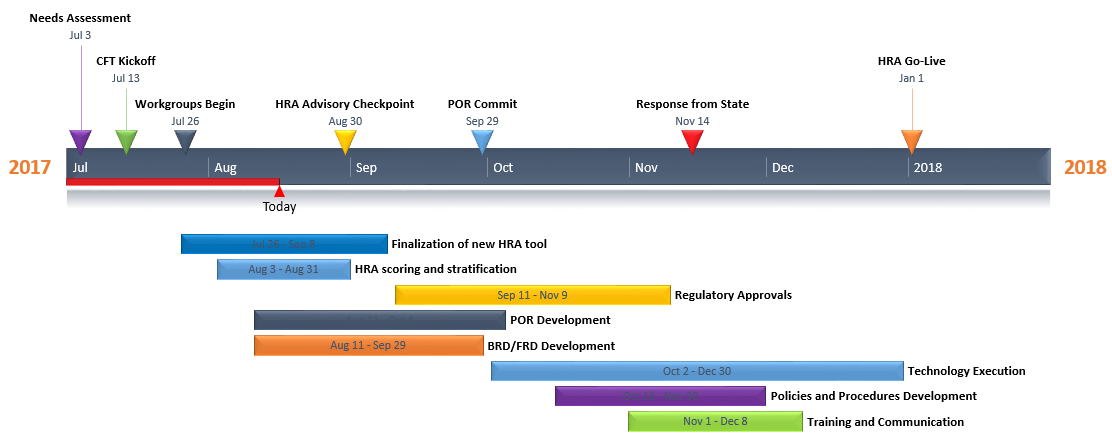


Figure : Attached File: PROPOSED\_HighLevel\_HRA\_ProcessFlow\_v4.pdf



* 1. Overall Project Timeline

Figure : Project Timeline (as of 8/16/2017)



# Business Requirements

The following sections of the document describe the requirements that must be met by this project.

Table : Priority Levels

| Priority | Description |
| --- | --- |
| High | A critical requirement that is required for the project implementation. |
| Medium | A necessary but deferrable requirement with workarounds in place for the implementation to be less usable but still functional. |
| Low | A “nice to have” requirement. |

## BR1.1 – No Changes Except Those Specified

The only changes to the HRA should be those indicated in these requirements. Anything not specified for a change shall include the same configuration, programming, workflow, or process currently in place for the CMC HRA and the SPD HRA configuration, programming, workflow, or process.

This shall include all additional fields and settings in CCA Configuration currently in production for the CMC HRA and SPD HRA

See FR2.1 – Use Current Design Docs and Current HRA for all Undesignated Configuration

## BR1.2 – Replace the Current HRA Questions (CMC and SPD)

The current HRA questions for both CMC and SPD shall be replaced with the new HRA questions.

Figure : Attached File: New Paper HRA 9-21-17.docx



See FR2.2 – Configure New HRA

### BR1.2.1 – Questions in the CMC and SPD HRAs shall be identical

The new CMC HRA and new SPD HRA shall use the same questions and answer options.

See FR2.2.1 – Create one new HRA for both LOBs

#### BR1.2.1.1 – Call Attempts for CMC and SPD shall remain unchanged

The current CMC HRA and SPD HRA have different rules for Call Attempts for the two Lines of Business: CMC and SPD. These rules and configurations will remain the same for the new HRAs.

See FR2.2.1.1 – Add Concept to Select LOB

See FR2.2.1.2 – Call Attempts in the new HRAs shall use New Concept IDs

### BR1.2.2 –Use the Additional Demographics Fields

The new HRAs shall present or collect the demographics as represented by the Paper HRA Redesign.

* When possible, pre-populate the information from the member record in the system.

See FR2.2.2 – Change the Demographics Section

### BR1.2.3 – Questions in CCA Must Follow the Order of the Paper HRA

All questions for the HRAs in CCA must be presented in the UI in the exact same order as the questions as they appear on the paper HRAs.

See FR2.2.3 – Use the Redesigned HRA Question Order

### BR1.2.4 – Questions in CCA Must Include the Question Number

All questions for the HRAs in CCA must include the question number in the UI, as they appear on the paper HRAs.

See FR2.2.4 – Display the Question Number

## BR1.3 – Use New Scoring for new HRA Questions and Answers

The new questions and answers for the new HRAs shall use the following new scoring rules.

Figure : Attached File: HRA\_Redesign\_with\_Scoring\_v4.xlsx



See FR2.4 – Scoring Configuration Rules

## BR1.4 – Establish Transition Period for New HRA Forms

Current HRA forms to be used in conjunction with new HRA forms through June 30, 2018.

Go-Live Date for new HRAs = January 1, 2018

Sunset Date for old HRAs = July 1, 2018

## BR1.5 – No Longer Send Member HRA Data to Beacon

*(Added in version 1.3)*

The current CMC HRA and SPD HRA results are set up so that Behavioral Health risk factors are sent to Beacon for follow-up with members.

The new HRA Redesign process shall no longer send member HRA data to Beacon.

The Reporting Requirements will include reports so that L.A. Care internal Case Managers can make referrals to Beacon.

# FUNCTIONAL Requirements

## FR2.1 – Use Current Design Docs and Current HRA for all Undesignated Configuration

See BR1.1 – No Changes Except Those Specified

The current CMC HRA and current SPD HRA design docs shall be the rule for any configuration or data element not specifically changed by the HRA Redesign.

## FR2.2 – Configure New HRA

See BR1.2 – Replace the Current HRA Questions (CMC and SPD)

All the questions and answers of the current HRAs shall be replaced with the new HRA questions and answers.

### FR2.2.1 – Create one new HRA for both LOBs

See BR1.2.1 – Questions in the CMC and SPD HRAs shall be identical

The new HRA shall be used for both CMC and SPD.

#### FR2.2.1.1 – Add Concept to Select LOB

The new HRA shall include a selection for CMC versus SPD for the member.

See BR1.2.1.1 – Call Attempts for CMC and SPD shall remain unchanged

The Call Attempt fields, values, and rules shall be the same in the new HRA as the current, in-production CMC HRA and as the current, in-production SPD HRA.

The Call Status fields, values, and rules shall be the same in the new HRA as the current, in-production CMC HRA and as the current, in-production SPD HRA.

#### FR2.2.1.2 – Call Attempts in the new HRAs shall use New Concept IDs

See BR1.4 – Establish Transition Period for New HRA Forms

Because the current HRAs in production and the new HRAs in this Redesign will all be in production at the same time (for the transition period), the Call Attempts in the new HRAs shall use new Concept IDs in CCA.

* The configuration shall replicate the set-up in the current HRAs in all other functional properties.

### FR2.2.2 – Change the Demographics Section

See BR1.2.2 –Use the Additional Demographics Fields

The new HRAs shall add to the demographics with any new fields as per the Paper HRA layout.

Table : Demographics for HRA (from the new Paper HRA)

| Data Element | Description |
| --- | --- |
| Member Last Name | *Part of the member record, no action needed* |
| Member First Name | *Part of the member record, no action needed* |
| Member # (CIN) | *Part of the member record, no action needed* |
| DOB | *Part of the member record, no action needed* |
| Phone Number | *Part of the member record, no action needed* |
| Alternative Phone Number | New data that can be entered, does not get sent to other systems |
| Email Address | *Part of the member record, no action needed* |
| Street Address | *Part of the member record, no action needed* |
| City | *Part of the member record, no action needed* |
| State | *Part of the member record, no action needed* |
| Zip | *Part of the member record, no action needed* |
| Gender | * Male * Female * Other |
| Written Language Preference  *No Scoring for Language (including no score for Non-English Language preference)* | Select from list  1 - English  2 - Spanish  3 - Arabic  4 - Armenian  5 - Cantonese  6 - Chinese  7 - Farsi  8 - French  9 - Greek  10 - Hmong  11 - Italian  12 - Japanese  13 - Khmer (Cambodian)  14 - Korean  15 - Mandarin  16 - Russian  17 - Samoan  19 - Somali  20 - Tagalog  21 - Vietnamese  22 - Other  23 - *~~Refused to answer~~* Not Answered / Left blank |
| Spoken Language Preference  *No Scoring for Language (including no score for Non-English Language preference)* | Select from list  1 - English  2 - Spanish  3 - Arabic  4 - Armenian  5 - Cantonese  6 - Chinese  7 - Farsi  8 - French  9 - Greek  10 - Hmong  11 - Italian  12 - Japanese  13 - Khmer (Cambodian)  14 - Korean  15 - Mandarin  16 - Russian  17 - Samoan  18 - Somali  19 - Sign Language  20 - Tagalog  21 - Vietnamese  22 - Other  23 - *~~Refused to answer~~* Not Answered / Left blank |
| Who is completing this survey? | * Me * Me, with help from a family member * My Power of Attorney * My Legal Guardian * A Caregiver * Other |
| Family Member Relationship | Text field |
| Power of Attorney Name | Text field |
| Power of Attorney Contact Information | Text field |
| Legal Guardian Name | Text field |
| Legal Guardian Contact Information | Text field |
| Caregiver Relationship | Text field |
| Caregiver Name | Text field |
| Caregiver Contact Information | Text field |
| Other Relationship | Text field |
| Other Name | Text field |
| Other Contact Information | Text field |
| Member is: | * CMC * SPD |

### FR2.2.3 – Use the Redesigned HRA Question Order

See BR1.2.3 – Questions in CCA Must Follow the Order of the Paper HRA

The question order must not be changed from the Redesign HRA question order.

### FR2.2.4 – Display the Question Number

See BR1.2.4 – Questions in CCA Must Include the Question Number

The UI in CCA must include the Question number for all questions in the Redesign HRA.

## FR2.3 – Use the New Questions and Answers

The following questions and answers shall be used for the new HRA.

Added 1/31/2018 – See attached for revision to nested question criteria – See attached.



Table : New HRA Questions for both CMC and SPD

| Question | Answers |
| --- | --- |
| 1. Do you have any health care visits scheduled within the next 30 days? *(required)* | * Yes *(Please fill in the box below)* * No * Don’t know * Not Answered / Left blank |
| Planned Visit – 1 *(nested, not required)* | * Doctor/Provider Name * Type of Doctor/Provider * Location * Date * Time * Do you need help with transportation? Y/N |
| Planned Visit – 2 *(nested, not required)* | * Doctor/Provider Name * Type of Doctor/Provider * Location * Date * Time * Do you need help with transportation? Y/N |
| Planned Visit – 3 *(nested, not required)* | * Doctor/Provider Name * Type of Doctor/Provider * Location * Date * Time * Do you need help with transportation? Y/N |
| Planned Visit – 4 *(nested, not required)* | * Doctor/Provider Name * Type of Doctor/Provider * Location * Date * Time * Do you need help with transportation? Y/N |
| Planned Visit – 5 *(nested, not required)* | * Doctor/Provider Name * Type of Doctor/Provider * Location * Date * Time * Do you need help with transportation? Y/N |
| 2. Do you use medical equipment or supplies? *(Check all that apply.) (required)* | * Yes * No * Not Answered / Left blank |
| *(nested, not required for any answer to Q2)* | 2a. Mobility Assistance—to help get around   * Cane * Walker * Wheelchair * Scooter * Not Answered / Left blank |
| *(nested, not required for any answer to Q2)* | 2b. Bathing/toileting   * Grab bars * Shower/tub chair * Raised toilet seat/chair * Incontinence supplies—diapers, pull ups, bed pads * Urinary catheter * Not Answered / Left blank |
| *(nested, not required for any answer to Q2))* | 2c. Supplies   * Diabetes supplies * Ostomy supplies * Food supplements * Not Answered / Left blank |
| *(nested, not required for any answer to Q2)* | 2d. Bed   * Hospital Bed * Hoyer lift * Slide board * Not Answered / Left blank |
| *(nested, not required for any answer to Q2)* | 2e. Other   * Oxygen * CPAP/BiPAP * IV infusions for medication * Feeding tube * Trach/suction supplies * Ventilator * Not Answered / Left blank * Other *(fill in)* |
| 3. In general, would you say your health is: *(required)* | * Excellent * Very Good * Good * Fair * Poor * Not Answered / Left blank |
| 4. Compared to one (1) year ago, is your health: *(required)* | * Much better than one (1) year ago * Somewhat better now than one (1) year ago * About the same * Somewhat worse now than one (1) year ago * Much worse now than one (1) year ago * Not Answered / Left blank |
| 5. Have you had any changes in thinking, remembering, or making decisions? *(required)* | * No * Yes * Not Answered / Left blank |
| 6. Do you have a regular doctor/provider? *(required)* | * No * Yes * Not Answered / Left blank |
| 7. When was the last time you saw your primary care provider? *(required)* | * Less than 3 months ago * Less than 6 months ago * 6-12 months ago * More than 1 year ago * Not sure * No regular doctor * Not Answered / Left blank |
| 8. Do you have reliable transportation to appointments? *(required)* | * Yes * No * Not Answered / Left blank |
| 9. Do you have any of the following medical conditions? *(Check all that apply.) (required)* | * Asthma *(difficulty breathing)* * Alzheimer’s/dementia/memory loss * Arthritis/chronic pain * Cancer * COPD/emphysema/bronchitis *(breathing problems)* * Diabetes *(sugar)* * Heart problems *(heart attack, chest pain)* * Hearing loss * Hepatitis *(liver problems)* * High cholesterol * HIV/AIDS * Hypertension *(high blood pressure)* * Kidney disease * Physical disability / para / quadriplegic / amputation * Seizures * Vision loss * None * Not Answered / Left blank * Other: *(fill in)* |
| 10. Do you have any of the following mental health conditions? *(Check all that apply.) (required)* | * Alcohol abuse * Anxiety * Bipolar * Depression * Post-traumatic Stress Disorder (PTSD) * Substance abuse * Schizophrenia * None * Not Answered / Left blank * Other: *(fill in)* |
| 11. Do you take 8 or more prescription medicines? *(required)* | * Yes * No * Not Answered / Left blank |
| 12. How many times have you been to the emergency room in the past 6 months? *(required)* | * None * 1 time * 2 times * 3 times or more * Don’t remember/Not sure * Not Answered / Left blank |
| 13. How many times have you been a patient in the hospital in the past 6 months? *(required)* | * None * 1 time * 2 times * 3 times or more * Don’t remember/Not sure * Not Answered / Left blank |
| 14. In the last 12 months, how many times have you been in a nursing home and/or rehab? *(required)* | * None * 1 time * 2 or more times * Not Answered / Left blank |
| 15. During the past 4 weeks, how much did pain interfere with your normal activities *(including work outside the home and/or housework)*? *(required)* | * Not at all * A little bit * Moderately * Quite a bit * Extremely * Not Answered / Left blank |
| 16. Are you getting wound care now? *(required)* | * Yes * No * Not Answered / Left blank |
| 17. Do you have difficulty chewing and/or swallowing? *(required)* | * Yes * No * Not Answered / Left blank |
| 18. Have you lost 10 or more pounds in the last year without trying? *(required)* | * Yes * No * Not Answered / Left blank |
| 19. Do you need help with any of these actions? *(Select answer “Yes” or “No” to each individual item.) (build each as a separate question)*   * Taking a bath or shower * Going upstairs * Eating * Getting dressed * Brushing teeth, brushing hair, shaving * Making meals or cooking * Getting out of bed or a chair * Shopping and getting food * Using the toilet * Walking * Washing dishes or clothes * Writing checks or keeping track of money * Getting a ride to see the doctor or to see your friends * Doing house or yard work * Going out to visit family or friend * Using the phone * Keeping track of appointments | *For each, select*   * Yes * No * Not Answered / Left Blank |
| 19a. If yes, are you getting all the help you need with these actions? | * *(fill in)* |
| 20. Have you fallen in the last month? *(required)* | * Yes * No * Not Answered / Left Blank |
| 21. Are you afraid of falling? *(required)* | * Yes * No * Not Answered / Left Blank |
| 22. Can you live safely and move easily around your home? *(required)* | * Yes * No * Not Answered / Left Blank |
| If no, does the place where you live have *(Select “Yes” or “No” to each individual item)? (nested, not required if any answer selected on Q22)*   * Good lighting * Good heating * Good cooling * Rails for any stairs/ramps * Hot water * Indoor toilet * A door to the outside that locks * Stairs to get into your home or stairs inside your home * Elevator * Space to use a wheelchair * Clear ways to exit your home | *For each, select*   * Yes * No * Not Answered / Left blank |
| 23. Where do you live? *(Check all that apply.) (required)* | * Live alone * Live with spouse or significant other * Live with children or other relatives or friends * Live with caregiver * Board and care facility * Residential Treatment Center * Assisted living * Nursing home * Homeless * Not Answered / Left blank * Other: *(fill in)* |
| 24. Do you have family members or others willing and able to help you when you need it? *(required)* | * Yes * No * Not Answered / Left blank |
| 25. Do you ever think that your caregiver is having a hard time giving you all the help you need? *(required)* | * Yes * No * Not Answered / Left blank |
| 26. I would like to ask you about how you think you are managing your health conditions. | *Text only on the screen, not for answers* |
| 26a. Do you need help taking your medicines? *(required)* | * Yes * No * Not Answered / Left blank |
| 26b. Do you need help filling out health forms? *(required)* | * Yes * No * Not Answered / Left blank |
| 26c. Do you need help answering questions during a doctor's visit? *(required)* | * Yes * No * Not Answered / Left blank |
| 27. Do you sometimes run out of money to pay for food, rent, bills, and medicine? *(required)* | * Yes * No * Not Answered / Left blank |
| 28. In the last 3 months, were you ever hungry but didn’t eat? *(required)* | * Yes * No * Not Answered / Left blank |
| 28a. If yes, why? *(Check all that apply) (nested, not required)* | * Financial issues * Unable to shop for food * Unable to prepare food * Not Answered / Left blank * Other: *(fill in)* |
| 29. Are you afraid of anyone or is anyone hurting you? *(required)* | * Yes * No * Not Answered / Left blank |
| 30. Is anyone using your money without your ok? *(required)* | * Yes * No * Not Answered / Left blank |
| 31. Over the past month (30 days) how many days have you felt lonely? *(Check one) (required)* | * None—I never feel lonely * Less than 5 days * More than half the days (more than 15 days) * Most days—I always feel lonely * Not Answered / Left blank |
| 32. Over the last 2 weeks (14 days) have you had little interest or pleasure in doing things? *(required)* | * Not at all * More than half the days * Several days * Nearly every day * Not Answered / Left blank |
| 33. Over the last 2 weeks (14 days) have you felt down, depressed, or hopeless? *(required)* | * Not at all * More than half the days * Several days * Nearly every day * Not Answered / Left blank |
| 34. Do you smoke or use tobacco? *(required)* | * Yes * No * Not Answered / Left blank |
| 35. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? *(required)* | * Yes * No * Not Answered / Left blank |
| 36. Have you had the following health screenings? | *Text only on the screen, not for answers* |
| 36a. Flu shot or flu mist in the last year *(required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36b. Pneumonia shot in last 5 years *(required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36c. Shot for shingles *(h-zoster) (required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36d. Colorectal screening *(colonoscopy, sigmoidoscopy, stool testing, other) (required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36e. Mammogram *(Female)* in the last 2 years *(required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36f. Pap smear *(Female)* in the last 3-5 years *(required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36g. Bone density test *(required)* | * Yes * No * Don’t know * Not Applicable * Not Answered / Left blank |
| 36h. Do you have diabetes (sugar)? *(required)* | * Yes, have you had the following tests/exams? * No *(Go to question #37)* * Don’t know *(Go to question #37)* * Not Answered / Left blank |
| 36i. HbA1c (blood sugar test) in the last 12 months? *(nested, not required if any answer selected for Q36h)* | * Yes * No * Don’t know * Not Answered / Left blank |
| 36j. Kidney function test? *(nested, not required if any answer selected for Q36h)* | * Yes * No * Don’t know * Not Answered / Left blank |
| 36k. Retinal eye exam? *(nested, not required if any answer selected for Q36h)* | * Yes * No * Don’t know * Not Answered / Left blank |
| 37. What concerns you most about your health?  *(not required)* | * *(fill in)* |

### FR2.3.1 – Use Not Answered/Left Blank

Every question in the new HRA shall include the option for Not Answered/Left Blank, as currently in the CMC and SPD HRAs.

## FR2.4 – Scoring Configuration Rules

See BR1.3 – Use New Scoring for new HRA Questions and Answers

The new scoring for the new HRAs includes custom scoring results.

Table : New HRA Custom Score Configuration

| Question | Answer | Scoring Rules |
| --- | --- | --- |
| 1. Do you have any health care visits scheduled within the next 30 days? | any | 0 |
| 2. Do you use medical equipment or supplies? | Any answer 1-22 (from Q2a-Q2e) can be counted if selected. | Count Q2a-Q2e selections, excluding “Not Answered / Left blank”:  If 1 or 2 selected, then score 1  If 3 or more selected, then score 2  IF Q2a - Q2e <1 selection then score 0  Max score could be 0, 1, or 2 max |
|  | Q2a  1 - Cane  2 - Walker  3 - Wheelchair  4 - Scooter  5 - Not Answered / Left Blank |  |
|  | Q2b  1 - Grab bars  2 - Shower/tub chair  3 - Raised toilet seat/chair  4 - Incontinence supplies—diapers, pull ups, bed pads  5 - Urinary catheter  6 - Not Answered / Left Blank |  |
|  | Q2c  1 - Diabetes supplies  2 - Ostomy supplies  3 - Food supplements  4 - Not Answered / Left Blank |  |
|  | Q2d  1 - Hospital Bed  2 - Hoyer lift  3 - Slide board  4 - Not Answered / Left blank |  |
|  | Q2e  1 - Oxygen  2 - CPAP/BiPAP  3 - IV infusions for medication  4 - Feeding tube  5 - Trach/suction supplies  6 - Ventilator  7 - Not Answered / Left blank  8 - Other |  |
|  |  | If Q2 = 1 Hospital Bed, trigger Complex Queue  If Q2 = 2 Hoyer Lift, trigger Complex Queue  If Q2 = 6 Ventilator, trigger Complex Queue |
| 3. In general, would you say your health is: | 1 - Excellent  2 - Very Good  3 - Good  4 - Fair  5 - Poor  6 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q3 based on how they answer Q4:  If Q3 = 1, 2, 3, or 6 then score 0  If Q3 = 4 or 5, then:  • If Q4 = 4, then score 1  • If Q4 = 5, then score 2  • If Q4 = 1, 2, 3, or 6 then score 0  Q3 score could be 0, 1, or 2 max |
| 4. Compared to one (1) year ago, is your health: | 1 - Much better than one (1) year ago  2 - Somewhat better now than one (1) year ago  3 - About the same  4 - Somewhat worse now than one (1) year ago  5 - Much worse now than one (1) year ago  6 - *~~Refused to answer~~* Not Answered / Left blank | If Q4 = 1, 2, 3, or 6, score 0  If Q4 = 4, then score 1  If Q4 = 5, then score 2  Q4 score could be 0, 1, or 2 max |
| 5. Have you had any changes in thinking, remembering, or making decisions? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q5 = 2 or 3, then score 0  If Q5 = 1, then score 1  Q5 score could be 0 or 1 max |
| 6. Do you have a regular doctor/provider? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q6 based on how they answer Q7:  If Q6 = 2 or 3 then score 0  If Q6 = 1 AND  • If Q7 = answer 3, 4, 5, 6, then score 1  • If Q7 = answer 1, 2 or 7, then score 0  Q6 score could be 0 or 1 max |
| 7. When was the last time you saw your primary care provider? | 1 - Less than 3 months ago  2 - Less than 6 months ago  3 - 6-12 months ago  4 - More than 1 year ago  5 - Not sure  6 - No regular doctor  7 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q7 based on how they answer Q6:  If Q7 = 1, 2 or 7 then score 0  If Q7 = 3, then score 1  If Q7 = 4, 5, or 6 AND:  • If Q6 = No (2), then score 2  • If Q6 = Yes (1), then score 1  Q7 score could be 0, 1, or 2 max |
| 8. Do you have reliable transportation to appointments? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | C Conditional score on Q8 based on how they answer Q5:  If Q8 = 1 or 3, then score 0  If Q8 = 2 AND:  • If Q5 = Yes (1), then score 2  • If Q5 = No (2), then score 1  Q8 score could be 0, 1, or 2 max |
| 9. Do you have any of the following medical conditions? (Check all that apply.) | Any answer 1-19 can be counted if selected (excluding 17 & 18 *~~19~~*)  1 - Asthma (difficulty breathing)  2 - Alzheimer’s/dementia/memory loss  3 - Arthritis/chronic pain  4 - Cancer  5 - COPD/emphysema/bronchitis (breathing problems)  6 - Diabetes (sugar)  7 - Heart problems (heart attack, chest pain)  8 - Hearing loss  9 - Hepatitis (liver problems)  10 - High cholesterol  11 - HIV/AIDS  12 - Hypertension (high blood pressure)  13 - Kidney disease  14 - Physical disability/para/quadriplegic/amputation  15 - Seizures  16 - Vision loss  17 - None  18 - *~~Refused to answer~~* Not Answered / Left blank  19 - Other | If Q9 = 17 or 18, then score 0  If Q9 has 1, 2, or 3 countable answers selected, then score = 1  If Q9 has 4 or more countable answers selected, then score = 2  Q9 score could be 0, 1, or 2 max |
| 10. Do you have any of the following mental health conditions? (Check all that apply.) | 1 - Alcohol abuse  2 - Anxiety  3 - Bipolar  4 - Depression  5 - Post-traumatic Stress Disorder (PTSD)  6 - Substance abuse  7 - Schizophrenia  8 - None  9 - Not Answered / Left blank  10 - Other | If Q10 = 2, 8, 9, or 10, then score 0  If Q10 = 1, then score = 1  If Q10 = 3, then score = 1  If Q10 = 4, then score = 2  If Q10 = 5, then score = 1  If Q10 = 6, then score = 1  If Q10 = 7, then score = 2  Q10 score could be between 0-8 max (the points are cumulative for Q10). |
| 11. Do you take 8 or more prescription medicines? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q11 = 2 or 3, then score 0  If Q11= 1, then score 1  Q11 score could be 0 or 1 max |
| 12. How many times have you been to the emergency room in the past 6 months? | 1 - None  2 - 1 time  3 - 2 times  4 - 3 times or more  5 - Don’t remember/Not sure  6 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q12 based on how they answer Q13:  If Q12 = 1, 2, 3, 5, or 6, then score 0  If Q12 = 4 AND   * If Q13 = 1, 2, 3, or 5, then score 1 * If Q13 = 4, then score 2   Q12 score could be 0, 1, or 2 max |
|  |  | If Q12 = 4, then trigger Complex Queue |
| 13. How many times have you been a patient in the hospital in the past 6 months? | 1 - None  2 - 1 time  3 - 2 times  4 - 3 times or more  5 - Don’t remember/Not sure  6 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q13 based on how they answer Q12:  If Q13 = 1, 2, 3, 5, or 6, then score 0  If Q13 = 4 AND  • If Q12 = 1, 2, 3, or 5, then score 1  • If Q12 = 4, then score 2 |
|  |  | If Q13 = 4, then trigger Complex Queue |
| 14. In the last 12 months, how many times have you been in a nursing home and/or rehab? | 1 - None  2 - 1 time  3 - 2 or more times  4 - *~~Refused to answer~~* Not Answered / Left blank | If Q14 = 1, 2, or 4, then score 0  If Q14 = 3, then score 1  Q14 score could be 0 or 1 max |
| 15. During the past 4 weeks, how much did pain interfere with your normal activities (including work outside the home and/or housework)? | 1 - Not at all  2 - A little bit  3 - Moderately  4 - Quite a bit  5 - Extremely  6 - *~~Refused to answer~~* Not Answered / Left blank | If Q15 = 1, 2, 3, or 6, then score 0  If Q15 = 4, then score 1  If Q15 = 5, then score 2  Q15 score could be 0, 1, or 2 max |
| 16. Are you getting wound care now? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q16 = 2 or 3, then score 0  If Q16 = 1, then score 1  Q16 score could be 0 or 1 max |
| 17. Do you have difficulty chewing and/or swallowing? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q17 based on how they answer Q18:  If Q17 = 2 or 3, then score 0  If Q17 = 1, then:  • If Q18 = Yes (1), then score 1  • If Q18 = No (2), then score 0  Q17 score could be 0 or 1 max |
| 18. Have you lost 10 or more pounds in the last year without trying? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q18 based on how they answer Q17:  If Q18 = 2 or 3, then score 0  If Q18 = 1, then:  • If Q17 = Yes (1), then score 1  • If Q17 = No (2), then score 0  Q18 score could be 0 or 1 max |
| 19. Do you need help with any of these actions? (Select answer “Yes”, “No” or “Not Answered / Left blank” to each individual item.) | Any Yes answer on selections 1-17 can be counted if selected.  1 - Taking a bath or shower  2 - Going upstairs  3 - Eating  4 - Getting dressed  5 - Brushing teeth, brushing hair, shaving  6 - Making meals or cooking  7 - Getting out of bed or a chair  8 - Shopping and getting food  9 - Using the toilet  10 - Walking  11 - Washing dishes or clothes  12 - Writing checks or keeping track of money  13 - Getting a ride to see the doctor or to see your friends  14 - Doing house or yard work  15 - Going out to visit family or friend  16 - Using the phone  17 - Keeping track of appointments  *~~19 -~~*  *~~Refused to answer Not Answered / Left Blank~~* | If Q19a – Q19q = (1) Yes, count the Yes selections:  • If Q19a – Q19q = (1) Yes 1 or 2 times, then score 1  • If Q19a – Q19q = (1) Yes 3+ times, then score 2  If NONE of Q19a – Q19q = (1) Yes, then Score 0  Q19 score could be 0, 1, or 2 max |
| 20. Have you fallen in the last month? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q20 based on how they answer Q21:  If Q20 =2 or 3, then score 0  If Q20 = 1, then:  • If Q21 = (1) Yes, then score 1  • If Q21 = (2 or 3) No or Not Answered / Left blank, then score 0  Q20 score could be 0 or 1 max  Update Concept 504750 used in calculation page for Fall Score (Q190) |
| 21. Are you afraid of falling? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score on Q21 based on how they answer Q20:  If Q21 = 2 or 3, then score 0  If Q21 = 1, then:  • If Q20 = (1) Yes, then score 1  • If Q20 = (2 or 3) No or Not Answered / Left blank, then score 0  Q21 score could be 0 or 1 max  Update Concept 504766 used in calculation page for Afraid of Falling Score (Q206) |
| 22. Can you live safely and move easily around your home?  1 – 11 (nested if 22 = Yes) Separate questions with values of Yes, No and Not Answered / Left blank | 1 - Yes  2 - No  3 - Not Answered / Left Blank  Any No answer on selections 1-11 counted if selected:  1 - No (need), Good lighting  2 - No (need), Good heating  3 - No (need), Good cooling  4 - No (need), Rails for any stairs/ramps  5 - No (need), Hot water  6 - No (need), Indoor toilet  7 - No (need), A door to the outside that locks  8 - No (need), Stairs to get into your home or stairs inside your home  9 - No (need), Elevator  10 - No (need), Space to use a wheelchair  11 - No (need), Clear ways to exit your home | If Q22 = 1 or 3, then score 0  If Q22 = 2 No, then:   * If Nested Questions 1 – 11 = No 1 or 2 times, then score Q22 total = 0 * If Nested Questions 1 – 11= No 3+ times, then score Q22 total = 1   Q22 score could be 0 or 1 max |
| 23. Where do you live? (Check all that apply.) | 1 - Live alone  2 - Live with spouse or significant other  3 - Live with children or other relatives or friends  4 - Live with caregiver  5 - Board and care facility  6 - Residential Treatment Center  7 - Assisted living  8 - Nursing home  9 - Homeless  10 - Not Answered / Left Blank  11 - Other | If Q23 = 2, 3, 4, 5, 6, 7, 8, 10, or 11, then score 0  If Q23 = 1 or 5, then score 1  If Q23 = 9, then score 2  Q23 score could be 0, 1 or 2 max |
|  |  | If Q23 = 9 Homeless, then trigger Complex Queue |
| 24. Do you have family members or others willing and able to help you when you need it? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q24 = 2, then score 1  If Q24 = 1 or 3, then score 0  Q24 score could be 0 or 1 max |
| 25. Do you ever think that your caregiver is having a hard time giving you all the help you need? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q25 = 2 or 3, then score 0  If Q25 = 1, then score 1  Q25 score could be 0 or 1 max |
| 26. I would like to ask you about how you think you are managing your health conditions.  26a. Do you need help taking your medicines?  26b. Do you need help filling out health forms?  26c. Do you need help answering questions during a doctor's visit? | Select Yes, Noor Not Answered / Left blank for each:  1 - 26a Yes or Noor Not Answered / Left blank  2 - 26b Yes or Noor Not Answered / Left blank  3 - 26c Yes or Noor Not Answered / Left blank | Count Yes answers:  • If Q26a-26c = (1) Yes 1 time OR Q26a-Q26c NOT EQUAL (1) Yes, then score 0  • If Q26a-26c = (1) Yes 2 or 3 times, then score 1  Q26 score could be 0 or 1 max |
| 27. Do you sometimes run out of money to pay for food, rent, bills, and medicine? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q27 = 2 or 3, then score 0  If Q27 = 1, then score 1  Q27 score could be 0 or 1 max |
| 28. In the last 3 months, were you ever hungry but didn’t eat?  28a. If yes, why? (Check all that apply) | 1 - No  2 - Yes, Financial issues  3 - Yes, Unable to shop for food  4 - Yes, Unable to prepare food  5 - Yes, Other  6 - *~~Refused to answer~~* Not Answered / Left blank | If Q28 = 2 or 3, then score = 0 (Do Not consider Q28a)  If Q28 = 1 (Yes) AND Q28a = 4 only, then score = 0  If Q28 = 1 (Yes) then:  Count Concept ID Values 1, 2, 3 and 5 Q28a:  • If Q28a = 1 selection, then score 1  • If Q28a = 2 or more selected, then score 2  Q28 score could be 0, 1, or 2 max |
| 29. Are you afraid of anyone or is anyone hurting you? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q29 = 2 or 3, then score 0  If Q29 = 1, then score 2  Q29 score could be 0 or 2 max |
|  |  | If Q29 = 1 (Yes), then trigger a Mandatory Reporting Queue |
| 30. Is anyone using your money without your ok? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q30 = 2 or 3, then score 0  If Q30 = 1, then score 1  Q30 score could be 0 or 1 max |
| 31. Over the past month (30 days) how many days have you felt lonely? (Check one) | 1 - None—I never feel lonely  2 - Less than 5 days  3 - More than half the days (more than 15 days)  4 - Most days—I always feel lonely  5 - *~~Refused to answer~~* Not Answered / Left blank | If Q31 = 1, 2, or 5, then score 0  If Q31 = 3, then score 1  If Q31 = 4, then score 2  Q31 score could be 0, 1 or 2 max |
| 32. Over the last 2 weeks (14 days) have you had little interest or pleasure in doing things? | 1 - Not at all  2 - More than half the days  3 - Several days  4 - Nearly every day  5 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score based on how they answer Q33:  If Q32 = 1, 3, or 5, then score 0  If Q32 = 2 or 4, then:  • If Q33 = 4, then score 1  • If Q33 = 1, 2 or 3 then score 0 (what about 5?)  Q32 score could be 0 or 1 max |
| 33. Over the last 2 weeks (14 days) have you felt down, depressed, or hopeless? | 1 - Not at all  2 - More than half the days  3 - Several days  4 - Nearly every day  5 - *~~Refused to answer~~* Not Answered / Left blank | Conditional score based on how they answer Q32:  If Q33 = 1, 3, or 5, then score 0  If Q33 = 2 or 4, then:  • If Q32 = 4, then score 1  • If Q32 = 1, 2, or 3, then score 0 (What about 5?)  Q33 score could be 0 or 1 max |
| 34. Do you smoke or use tobacco? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q34 = 2 or 3, then score 0  If Q34 = 1, then score 1  Q34 score could be 0 or 1 max |
| 35. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? | 1 - Yes  2 - No  3 - *~~Refused to answer~~* Not Answered / Left blank | If Q35 = 2 or 3, then score 0  If Q35 = 1, then score 2  Q35 score could be 0 or 2 max |
| 36. Have you had the following health screenings? | *(After all the conditional options:)*   * 44 - *~~Refused to answer~~* Not Answered / Left blank | For Q36a-Q36k COUNT 2 (No) and(or) 3 Don't know:  • If Q36a-k = If (2) No or (3) Don't Know for 1 or 2, then score = 1  • If Q36a-k =If (2) No or (3) Don't Know for 3 or more, then score = 2  Else, score = 0  Q36 score could be 0, 1, or 2 max |
| 36a. Flu shot or flu mist in the last year | 1 - No  2 - Yes  3 - Don’t know  4 - Not Applicable / Left blank |  |
| 36b. Pneumonia shot in last 5 years | 5 - No  6 - Yes  7 - Don’t know  8 - Not Applicable / Left Blank |  |
| 36c. Shot for shingles (h-zoster) | 9 - No  10 - Yes  11 - Don’t know  12 - Not Applicable / Left Blank |  |
| 36d. Colorectal screening (colonoscopy, sigmoidoscopy, stool testing, other) | 13 - No  14 - Yes  15 - Don’t know  16 - Not Applicable / Left Blank |  |
| 36e. Mammogram (Female) in the last 2 years | 17 - No  18 - Yes  19 - Don’t know  20 - Not Applicable / Left Blank |  |
| 36f. Pap smear (Female) in the last 3-5 years | 21 - No  22 - Yes  23 - Don’t know  24 - Not Applicable / Left Blank |  |
| 36g. Bone density test | 25 - No  26 - Yes  27 - Don’t know  28 - Not Applicable / Left Blank |  |
| 36h. Do you have diabetes (sugar)? | 29 - No  30 - Don’t know  31 - Not Applicable / Left Blank |  |
| Yes, have you had the following tests/exams?  36i. HbA1c (blood sugar test) in the last 12 months? | 32 - No  33 - Yes  34 - Don’t know  35 - *~~Refused to answer~~* Not Answered / Left blank |  |
| Yes, have you had the following tests/exams?  36j. Kidney function test? | 36 - No  37 - Yes  38 - Don’t know  39 - *~~Refused to answer~~* Not Answered / Left blank |  |
| Yes, have you had the following tests/exams?  36k. Retinal eye exam? | 40 - No  41 - Yes  42 - Don’t know  43 - *~~Refused to answer~~* Not Answered / Left blank |  |
| 37. What concerns you most about your health? | Text answer | 0 |

## FR2.5 – Scoring Totals

### FR2.5.1 – Maximum HRA Score

Maximum score for HRA is 57.

### FR2.5.2 – HRA Complex Queue

If HRA Score total = 54-57 points total, then trigger HRA Complex Queue

If HRA answers triggered Complex Queue, then trigger HRA Complex Queue (regardless of Score)

* If Q2d = 1 Hospital Bed, trigger HRA Complex Queue
* If Q2d = 2 Hoyer Lift, trigger HRA Complex Queue
* If Q2e = 6 Ventilator, trigger HRA Complex Queue
* If Q12 = 4, then trigger HRA Complex Queue
* If Q13 = 4, then trigger HRA Complex Queue
* If Q23 = 9 Homeless, then trigger HRA Complex Queue

This is a new Queue to be created.

### FR2.5.3 – HRA High Risk Queue

If HRA Score total = 34-53 points total and no complex questions above, then trigger HRA High Risk Queue

### FR2.5.4 – HRA Low Risk Queue

If HRA Score total = 0-33 points total and no complex questions above, then trigger HRA Low Risk Queue

This is a new Queue to be created.

### FR2.5.5 – HRA Mandatory Reporting Queue

If Q29 = 1 (Yes), then trigger a Mandatory Reporting Queue

This is a new Queue to be created.

### FR2.5.6 – HRA MLTSS Queue (Orange Trigger List)

Low Risk only for MLTSS.

Map new questions as per table in Appendix for existing MLTSS Queue questions and answers

Add new questions as per table in Appendix for new MLTSS Queue questions and answers

See Table 9: “Orange List” MLTSS Needs Trigger Questions Mapped

Task queue trigger deadlines remain the same as the current HRA task queues.

* Low = 60 days

## FR2.6 – Transition Period

See BR1.4 – Establish Transition Period for New HRA Forms

The transition period shall include the following available in parallel

* All HRAs
* CMC HRA (v2) – Current CMC HRA in Production
* SPD HRA (v2) – Current SPD HRA in Production
* HRA (v3) – Redesign HRA (v3) for both CMC and SPD to Go-Live by 1/1/2018
* All Letters
* Unable to Contact
* Member Request Blank
* Languages Drop-down in HRA affects the custom job import for Letters
* Reports and Distributed Data
* Reports in Production
* 7 HRA Reports currently in Production
* 4 HRA Reports In-Flight (in development/testing, with implementation planned)
* Provider Portal Data for PPGs
* HRA Data for Beacon (Behavioral Health)
* Oracle Tables only for (v2) HRA data

# Reporting Requirements

## RPT3.1 – Existing HRA Reports Shall Be Updated for the new HRAs

All current (in production and in-flight) reports for the HRA process shall be updated for the new HRAs.

### RPT3.1.1 – Old and New Reports Shall Run in Parallel for the Transition Period

All current (in production and in-flight) reports for the HRA process shall run in parallel with the new HRA reports for the entire duration of the Transition Period.

PMO Portfolio > [Health Risk Assessment Tool Redesign (HRA) > Documents](http://sp20102.lacare.org/sites/PMC/PMC%20Home/Health%20Risk%20Assessment%20Tool%20Redesign%20(HRA)/PMCentralPages/Documents.aspx)

* Project Documents Library > 2. Planning > Requirements > Reporting Requirements
* Requirements: S17-10610\_HRA-Redesgin\_\_Reporting-v1.0.docx

# Project Change Control Process

The following project change control procedures have been established to accommodate the evaluation of changes requested to the requirements after they have been approved.

1. The requestor will discuss the nature of the change with the Project Manager or IT Technical Lead. Upon agreement that the requested change should be escalated to the project’s Sponsors for approval, the following steps will be followed.
   1. The Project Manager or IT Technical Lead will evaluate the request against the project’s baseline schedule, effort, and cost to determine impact.
   2. Either the Project Manager or IT Technical Lead will prepare a Project Change Request Form and submit it to the Business or IT Sponsors for disposition.
   3. Upon their review, the Business and IT Sponsors will either accept or withdraw the request.
   4. Any outstanding Project Change Request Forms will be discussed at the next project status meeting.

# Business Requirements ACCEPTANCE

## Requirements Specification Approval

| Business Customer | |
| --- | --- |
| The Customers have reviewed the business requirements and agree that they are accurate and representative of the business needs for this project. It is understood that further revision to the requirements will be evaluated according to the Project Change Control Process section. Any important information at the time of acceptance is noted below. | |
| Name | Dr. Raphael Amezcua Medical Director, Medicare |
| Signature |  |
| Date |  |
| Name | Dr. Stefany Almaden Senior Director, Clinical Member Services |
| Signature |  |
| Date |  |
| Name | Geoffrey Vitrano Customer Solution Center, Senior Director |
| Signature |  |
| Date |  |
| Name | Bruce Pollack Medi-Cal, SPD, CCI, Executive Directors Administration, Executive Director |
| Signature |  |
| Date |  |
| Name | Dan Salo Medicare & CalMediConnect Operations, Senior Director |
| Signature |  |
| Date |  |

| Information Technology | |
| --- | --- |
| The authorizing IT Director/Manager has reviewed the requirements and agrees that they are accurate and representative of the technical needs for this project. It is understood that further revision to the requirements will be evaluated according to the Project Change Control Process section. Any important information at the time of acceptance is noted below. | |
| Name | Scott Dickson Managing Director, Applications |
| Signature |  |
| Date |  |
| Name | Richard Holmes Senior Director, IT Architecture, IT Executive Administation |
| Signature |  |
| Date |  |

| Enterprise Configuration | |
| --- | --- |
| The authorizing IT Director/Manager has reviewed the requirements and agrees that they are accurate and representative of the technical needs for this project. It is understood that further revision to the requirements will be evaluated according to the Project Change Control Process section. Any important information at the time of acceptance is noted below. | |
| Name | Sharon Parker-Martin Senior Director, Enterprise Configuration |
| Signature |  |
| Date |  |

| Comments |
| --- |
|  |
|  |
|  |

# Appendix

## Traceability Matrix

Table : Traceability Matrix

| Business Requirement | Functional Requirement | Priority |
| --- | --- | --- |
| BR1.1 – No Changes Except Those Specified | FR2.1 – Use Current Design Docs and Current HRA for all Undesignated Configuration | H |
| BR1.2 – Replace the Current HRA Questions (CMC and SPD) | FR2.2 – Configure New HRA | H |
| BR1.2.1 – Questions in the CMC and SPD HRAs shall be identical | FR2.2.1 – Create one new HRA for both LOBs | H |
| BR1.2.1.1 – Call Attempts for CMC and SPD shall remain unchanged | FR2.2.1.1 – Add Concept to Select LOB  FR2.2.1.2 – Call Attempts in the new HRAs shall use New Concept IDs | H |
| BR1.2.2 –Use the Additional Demographics Fields | FR2.2.2 – Change the Demographics Section | H |
| BR1.2.3 – Questions in CCA Must Follow the Order of the Paper HRA | FR2.2.3 – Use the Redesigned HRA Question Order | H |
| BR1.2.4 – Questions in CCA Must Include the Question Number | FR2.2.4 – Display the Question Number | H |
| BR1.3 – Use New Scoring for new HRA Questions and Answers | FR2.3 – Use the New Questions and Answers |  |
|  | FR2.3.1 – Use Not Answered/Left Blank |  |
|  | FR2.4 – Scoring Configuration Rules |  |
|  | FR2.5 – Scoring Totals |  |
|  | FR2.5.1 – Maximum HRA Score  FR2.5.2 – HRA Complex Queue  FR2.5.3 – HRA High Risk Queue  FR2.5.4 – HRA Low Risk Queue  FR2.5.5 – HRA Mandatory Reporting Queue  FR2.5.6 – HRA MLTSS Queue (Orange Trigger List) |  |
| BR1.4 – Establish Transition Period for New HRA Forms | FR2.6 – Transition Period | H |
|  | RPT3.1 – Existing HRA Reports Shall Be Updated for the new HRAs  RPT3.1.1 – Old and New Reports Shall Run in Parallel for the Transition Period |  |

## “Orange List” Trigger Questions Mapped

See FR2.5.6 – HRA MLTSS Queue (Orange Trigger List) for mapping and adding new questions

Table : “Orange List” MLTSS Needs Trigger Questions Mapped

| CMC Orange List Questions | SPD Orange List Questions | New HRA Questions |
| --- | --- | --- |
| Q5: Is there anyone who can take care of you when you need it?   * No * Yes, but it is hard for them to do so | Q5: No one who is willing and able to take care of you when you need it. | Caregiver Stress  Q24. Do you have family members or others willing and able to help you when you need it?   * No   OR  Q25. Do you ever think that your caregiver is having a hard time giving you all the help you need?   * Yes |
| Q9: Where do you live?   * Homeless | Q9: Where do you live?   * Homeless * About to become homeless | Support System/Living Situation  Q23. Where do you live/what is your living arrangement?   * Homeless |
| Q10: Do you need any changes to your home to help you move around easily and safely?   * Yes, What do you need | Q10: Do you need changes to your home to assist you?   * Yes | Limitations & Supports  Q19. Do you need help with any of these actions?   * Yes, see list   OR  Housing Environment/Functional Supports  Q22.Can you live safely and move easily around your home?   * No, see list |
| Q12: Do you have problems paying your bills?   * Utilities * Telephone * Rent/Mortgage | Q12: Do you have problems paying your utilities?   * Utilities * Telephone * Rent/Mortgage | Financial Security  Q27. Do you sometimes run out of money to pay for food, rent, bills, and medicine?   * Yes |
| Q19: What health problems or issues do you have?   * AIDS/HIV * Alzheimers/Dementia * Blindness * Cerebal Palsy * Chronic Pain * Developmental Issues * Mental Retardation * Multiple Sclerosis Parkinsons Disease * Stroke | Q18: What health problems or issues do you have?   * AIDS/HIV * Alzheimers/Dementia * Blindness * Cerebal Palsy * Chronic Pain * Developmental Issues * Mental Retardation * Multiple Sclerosis Parkinsons Disease * Stroke | Chronic Medical Conditions  Q9. What medical conditions do you have? Pick from list  (any of this entire list)   * Asthma (difficulty breathing) * Alzheimer’s/dementia/memory loss * Arthritis/chronic pain * Cancer * COPD/emphysema/bronchitis (breathing problems) * Diabetes (sugar) * Heart problems (heart attack, chest pain) * Hearing loss * Hepatitis (liver problems) * High cholesterol * HIV/AIDS * Hypertension (high blood pressure) * Kidney disease * Physical disability, para/ quadriplegic, amputation * Seizures * Vision loss |
| Q24: Do you have problems that make it hard for you to do your daily activities?   * Yes, Mental * Yes, Developmental * Yes, Medical * Yes, Intellectual |  | Limitations & Supports  Q19. Do you need help with any of these actions? (any)  1 - Taking a bath or shower  2 - Going upstairs  3 - Eating  4 - Getting dressed  5 - Brushing teeth, brushing hair, shaving  6 - Making meals or cooking  7 - Getting out of bed or a chair  8 - Shopping and getting food  9 - Using the toilet  10 - Walking  11 - Washing dishes or clothes  12 - Writing checks or keeping track of money  13 - Getting a ride to see the doctor or to see your friends  14 - Doing house or yard work  15 - Going out to visit family or friend  16 - Using the phone  17 - Keeping track of appointments |
| Q27: In the past 3 months, did you have any of these problems with your memory?   * Can't remember recent events * Forgetful * Not able to do regular activities * I depend on others for my needs * Can't remember people * Get lost in familiar places | Q25: In the past 3 months, did you have any problems with your memory?   * Can't remember recent events * Unable to do regular activities * I fully depend on others for needs * Can't remember people * Get lost in familiar places * Other | Cognitive Impairment  Q5. Have you had any changes in thinking, remembering, or making decisions?   * Yes |
| Q32: Do you have problems doing your daily activities such as taking a bath/shower, grooming etc.?   * Yes, and I get help but it is not enough * Yes, and I need help, I don't have any | Q29: Do you have problems doing your daily activities such as taking a bath/shower, grooming etc.?   * I get help but it is not enough * I get help, I don't have any | Limitations & Supports  Q19. Do you need help with any of these actions? (any)  1 - Taking a bath or shower  2 - Going upstairs  3 - Eating  4 - Getting dressed  5 - Brushing teeth, brushing hair, shaving  9 - Using the toilet |
| Q33: Do you have problems with making food, eating, or getting food?   * Yes, and I get help but it is not enough * Yes, and I need help, I don't have any | Q30: Do you need help making food, eating, or getting food?   * I get help but it is not enough * I get help, I don't have any | Limitations & Supports  Q19. Do you need help with any of these actions? (any)  3 - Eating  6 - Making meals or cooking  8 - Shopping and getting food |
| Q34: Do you have problems with transportation, paying bills, doing home chores? Etc?   * Yes, I get help but it is not enough * Yes, I need help, I don't have any | Q31: Do you have problems with transportation, paying bills, doing home chores? Etc?   * Yes, and I get help but it is not enough * Yes, and I need help, I don't have any | Limitations & Supports  Q19. Do you need help with any of these actions?  11 - Washing dishes or clothes  12 - Writing checks or keeping track of money  14 - Doing house or yard work  16 - Using the phone  17 - Keeping track of appointments  OR  PCP  Q8. Do you have transportation to appointments?   * No, can't get there |
|  |  | (new, please add)  Q20. Have you fallen in the last month?   * Yes |
|  |  | (new, please add)  Q21. Are you afraid of falling?   * Yes |
|  |  | (new, please add)  29. Are you afraid of anyone or is anyone hurting you?   * Yes |
|  |  | (new, please add)  30. Is anyone using your money without your ok?   * Yes |

The Orange List mapping in the table above needs to be mapped against the Design specification in the Attached file for the CMC Campaigns.

Figure : Attached File: CMC Campaigns v3.0.xlsx



Can the MLTSS Queue include showing Member Address, Member Phone, and Member Language Preference? – Ask Config/IT