

Instruction Guide for Completing the CGX Assessment Template

If you are adding a new care plan, please see the Assessment Template tab
The instruction tab has some definitions that may be helpful in your Assessment request
If you are making updates to a current assessment, please attach the prior assessment along with all changes highlighted.
Any additional information that you need to explain, please add to this worksheet, or to the assessment template. Thank you.
Acuity Scoring applicable? - please indicate if you want scoring to apply to this assessment
Carry Over - allows for responses from a previously taken assessment to to carry over to the new one
Allow Referral - screens if member is eligible or ineligible for another program
Date to be effective - Target date that you would like to see the assessment in the Production environment of CGX 2.0
Name of Assessment - Title of Assessment
if Header Image is required, please attach - if you want an image for the header of the assessment, please include with the Assessment request
Department Owner - Department that owns the 'assessment' (See lines 69-71 below for a complete list of available departments)
Other departments: Other departments utilizing this Assessment/Survey: (See lines 69-71 below for a complete list of available departments)
Question/Text - document the question/text you want the user to see or answer If you want a different font or color, or bold/underlined, etc, please document the question in that format you want
Question Type - identify the type of 'question/text' you are asking for
Answer Options - document ALL the possible answers you want to have for the question. Define also is any response will require a TextBox option and define what title you want for the TextBox (Example; an "Other" response would yeild a TextBox that might be titled, "Explain:", "Comments:", etc.
Branching Condition - document if ANY branching is required. If a certain response will lead to conditional questions, please define which respons(es) will lead to conditional questions. Keep in mind; for example, a "Yes" response may lead to one line of conditional quesitons, and a "No" response may lead to an entirely different line of conditional questions. Also, document any question and response that will link out to other assessments.
Mandatory - indicate if the question is to be marked as mandatory
Element - indicate type of element you are requesting
Recommendations for Care Plan - based on specific question and answers, will recommend care plans
Associated Keywords (for ICS use only) - do not put anything in this box
Element Id # (for ICS use only) - do not put anything in this box
Exhaust To (Inbound/Outbound): HIT, ATLAS, Rosalind, etc.

Generic Control Type:

Section Header - Appears in bigger font to help distinguish one section from another. Future Quick Jump enhancement will key on this.

Static Text, Instructional Verbiage, and Notes - all three behave the same in CGX 2.0 (see

SectionHeader

16. Dropdown - CategoryReference Data Type Option

StaticText

17. DateTimePicker - DateTime Data Type Option

InstructionalVerbiage

18. Calendar - DateTime Data Type Option

Notes

Save

Submit

[Cancel](#)

Question Type: Checkbox, Textbox, Multi Select Dropdown, Radio Button, Dropdown, Date Time Picker, or Calendar

4 Question Types	
1. Single Select Question Types	Allows for only one response to be selected from the available list of options.
Dropdown	Best for > 3 responses
RadioButton	Best use for 2-3 responses; good for mandatory type questions that you want your users to answer
2. Multiple Select Questions Types	Allows for a user to select multiple options from the available list of options.
CheckBox	Best for seeing all responses at one time, but utilizes a lot of white space. Can mean more scrolling.
MultiSelectDropdown	Best for conserving white space, but only first 3 options viewable without scrolling.
3. TextBox	Can be set up to have alpha only, numeric only, or alpha numeric characters. Character limitations can be set for TextBox options.
4. Date Entry	Can allow past dates only, future dates only, or both past and future dates
DateTimePicker Calendar	

Examples of Single Select Question Types (Drop down and Radio Button)

* Dropdown - String Data Type Option

One
Two
Three
Four
Five
Other

* RadioButton - String Data Type Option

☐ One
☐ Two
☐ Three
☐ Four
☐ Five
☐ Other

Examples of Multi-Select Question Types (Check Box and Multi-Select Drop down)

* CheckBox - String Data Type Option

<input type="checkbox"/> One	<input type="checkbox"/> Two
<input type="checkbox"/> Three	<input type="checkbox"/> Four
<input type="checkbox"/> Five	<input type="checkbox"/> Other

* MultiSelectDropdown - String Data Type Option

One
Two
Three

Examples of Text Box Question Types

* TextBox - Numeric Data Type Option

50

Pounds

* TextBox - Alphanumeric Data Type Option

75

lbs

0 / 100 Characters Used

* TextBox - String Data Type Option

25

Pounds

0 / 100 Characters Used

Examples of Calendar Entry Question Types (Date Time Picker and Calendar).

Note: at the time there is no real discernable difference

* DateTimePicker - DateTime Data Type Option

7/24/2018



* Calendar - DateTime Data Type Option

7/24/2018



List of CGX 2.0 Departments: Use this list as a guide for the Owning department and Other department fields:	
Bariatric	
Cancer Program	
Care Delivery	
Careplus	
CCR Sourced Vendor	
CDM Model of Care Frequency – Past Due	
CDM Referral Specialist Activity	
CDM Referral Specialist Frontline	
CDM Referral Specialist Queue Activity Summary	
CDM Referral Specialist Queue Assignment	
CDM Unmanaged Population Counts	
CGX CAC User	
CGX Genetic Counselor	
CGX Humana Behavioral Health CM	
CGX Humana Behavioral Health Um/CM	
CGX Medicaid Outreach	
CGX MSO	
CGX POD	
CGX PODS Bariatric	
CGX PODS CLD	
CGX PODS HPS	
CGX PODS Humana Beginnings	
CGX PODS HumanaCares	
CGX PODS ICS	
CGX PODS Internal Asthma	
CGX PODS Internal Cancer	
CGX PODS Internal Diabetes	
CGX PODS MHSO	
CGX PODS MIT	
CGX PODS Moms First	
CGX PODS NICUCM	
CGX PODS NICUGRAD	
CGX PODSNICUHB	
CGX PODS Pediatric Care Management	
CGX PODS Personal Nurse	
CGX PODS RMD	
CGX PODS Transplant	
CGX PODS Commercial Case Management	
CGX PODS Intake	
CLD	
Clinical Metrics	
Clinical Programs	
Commercial Case Management	
Disease Management	
Florida Only Medicare/Medicaid	
GENERAL	
Health Choice Florida	
Health Help	
HealthChoice	
HPS	
Humana Beginnings	
Humana Behavioral Health	
Humana Cares	
ICGS	
Intake	
Internal Asthma	
Internal Diabetes	
IT	
LTSS	
Metabolic Syndrome	
Moms First	
NA	
NaviHealth	
NICU Case Management	
NICU Graduate	
NICU Humana Beginnings	
Pediatric Care Management	
Personal Nurse	
Read Only	
Resolution Team	
RMD	
Senior Products	
STARS Outreach	
Transplant	

Attachment I.G.8-1 Medicaid Enrollee Needs Assessment (Kentucky SKY)

Program Referral Assessment v2

Note: See Instructions tab for details regarding category and option descriptions. Instructions Tab also provides guidance to help you choose the best option for each element on the excel.																	
Title of Assessment: Medicaid Enrollee Needs Assessment (This will display in CGX when selecting Assessment) ***Updated name 1/24/2020 from Focused Member Survey to Medicaid Enrollee Needs Assessment - DRAFT				Department Owner: Senior Products (i.e. Senior Products, HumanaBeginnings, etc.)			Date to be Effective: TBD (MM/DD/YYYY format)		Acuity Scoring Applicable: No (Yes/No)		Exhaust To: CDM/MDM (Inbound/Outbound to ATLAS, HIT, etc.)						
Assessment ID: MED006				List any other departments utilizing this Assessment/Survey: Medicaid			Allow Referral: No		Carry Over: Yes		Is a Header Image required: No						
Notes	Question #	Element Type	Element Id # (for ICS use)	Associated Keywords	Question/Text (Text within the cell will be copied directly into the template. Please verify question text in one cell)	Question Type	Answer Options (List all answer options pertaining to question in one cell)	Mandatory (Yes/No)	Branching Condition (for ICS use only)	Branching Location	Recommendations for Care Plan	Response that Prompts Care Plan	Area of Focus (i.e. Health)	Problem	Goal	Potential Intervention	
		Generic control	Gen_999111	comprehensive	This survey is intended to help identify member concerns and develop an agreed upon plan of care. As you complete this survey, remember to address any decided upon problems, goals and interventions in your member care plan.	StaticText											
CDM/MDM except Generic Controls/Headers		Question	Que_999000	comprehensive	What do you think is your most important health concern at this time? (for example medical, behavioral, or social concerns)	TextBox		Yes									
		Generic Control	Gen_999004	header	Social Determinants of Health	SectionHeader											
		Generic Control	Gen_999050	StaticText	Many things can impact your health beyond medical conditions. I'm going to ask you some question to help determine other ways I may be able to help you overcome obstacles to your health and well-being.												
			Que_072503		What is the Enrollee's housing/situation at the time of the assessment? (CM Prompt: If the enrollee is homeless or has housing insecurity, please provide the name and contact information for the Housing Coordinator as applicable)	Dropdown	Assisted Living or Semi-Independent Living BH Inpatient Boarding Home Correctional Facility Foster Home Group Home Homeless Hospice/Palliative Care Facility Housing Insecure Long-term Care Facility Medical Inpatient Private Home/Apartment/Rented Room Rehabilitation Unit Other (Text Box -> "Specify other:")		If Homeless, que_080238								
			Que_071605		Are you having trouble meeting your monthly expenses?	Checkbox	None Does not have housing, living in car/shelter Does not have housing, living with friends/family/hotel Heat/Electric Trouble paying rent/mortgage Water Other (Textbox -> "Specify other:")	Yes									
CDM/MDM except Generic Controls/Headers		Question	Que_999029	comprehensive	Do you have trouble accessing care? For example, getting an appointment to see your PCP.	Checkbox	None Access to a Pharmacy Access to a vision provider Behavioral Health care Dental care HHC access PCP appointments Specialty appointments Therapies (PT, OT, ST) Other (Textbox -> "Specify Other:")	Yes									
CDM/MDM except Generic Controls/Headers		Question	Que_999213	comprehensive	Do you need transportation help to get to any of the following places, for example, to get to your doctor appointments or pharmacy?	Checkbox	None Doctor appointments General needs (errands, groceries, etc.) Pharmacy Social activities Other (Textbox -> "Specify other:")	Yes	Que_999213 NotEquals None	Que_999214 if answer is anything other than none.							
CDM/MDM except Generic Controls/Headers		Question	Que_999214	comprehensive	What is keeping you from getting places where you need to go?	Checkbox	Caregiver unavailability Financial issues No access to handicap transportation No available public transportation Other (Textbox -> "Specify other:")	Yes									
			Gen_1327		Over the past 12 months, how often have you been bothered by any of the following problems?	Static Text											
			Que_072504		Ask the Enrollee if. We worried whether our food would run out before we got money to buy more.	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true										
			Que_072505		Ask the Enrollee if. The food that we bought just didn't last and we didn't have money to get more.	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true										

			Que_072506		Was the Food Insecurity Score 3 or more?	Dropdown	2 = Low 3 = Medium 4-6 = High		If answer selected is medium or high open Text box - Describe efforts to address enrollee needs through community resources.	NotEquals Low							
			Que_072507		How often do you / enrollee lack companionship?	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true	Yes									
			Que_072508		How often do you / enrollee feel left out?	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true	Yes									
			Que_072509		How often do you / enrollee feel isolated from others?	Dropdown	1 - Never true 2 - Sometimes true 3 - Often true	Yes									
			Que_072510		Care Manager Prompt: What is the Enrollee's loneliness score?	Dropdown	3 = Not Lonely 4 - 6 = Lonely 7 - 9 = Severely Lonely	Yes	NotEquals 3 = Not Lonely	Care Manager Prompt: You indicated the Enrollee scored as being lonely. Did you provide education and resources?							
			Que_071600		Care Manager Prompt: You indicated the Enrollee scored as being lonely. Did you provide education and resources?	Radio Button	Yes No	Yes	If either option (Yes or No) is selected, show associated free text Label: Describe education/resources provided or why no education/resources were provided.	Displays if question "Care Manager Prompt: What is the member's loneliness score?" equals "Lonely" or "Severely Lonely"							
CDM/MDM except Generic Controls/Headers		Question	Que_999021	comprehensive	How often do you feel isolated from others?	RadioButton	Never true Sometimes true Often true	Yes									
			Que_072502		Social Determinants: Describe what intervention CDM is taking to resolve areas of need and status of need of each area selected.	Text Box		Yes									
CDM/MDM except Generic Controls/Headers		Question	Que_999031	comprehensive	Care Manager prompt: Community resources discussed with member relevant to member needs. If community resource need is identified, elaborate on status and plan for each need. (Eligibility and availability of resources).	CheckBox	Community Mental Health Resources Community Resources Community resources reviewed, member reports no needs identified EAP Services Financial Planning Life Planning and Decision Making for the Future Local Transportation Resources Nutrition/Food Support Palliative Care Social Worker Wellness Organizations (All responses -> TextBox -> "Comments:")	Yes									
		Generic Control	Gen_999003	header	Healthy Days	SectionHeader											
CDM/MDM except Generic Controls/Headers		Question	Que_777013	comprehensive	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	Dropdown	Don't know/Not sure Member/Parent/Guardian refused 0 1 2 3 4 5 6 7 8 9 10 11 12										
CDM/MDM except Generic Controls/Headers		Question	Que_777014	comprehensive	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	Dropdown	Don't know/Not sure Member/Parent/Guardian refused 0 1 2 3 4 5 6										
		Generic Control	Gen_999005	header	Safety	SectionHeader											
CDM/MDM except Generic Controls/Headers		Question	Que_999035	comprehensive	Have you had any falls within the past 6 months?	RadioButton	Yes (textbox -> "Explain details such as frequency, history, impact on daily activities, new or worsening, and any education or referrals provided.") No Did not respond										
		Generic Control	Gen_999043	comprehensive	Care Manager prompt: Update the Medication List OML, if member responses are different than what is on the list. Document dosage, route of administration and frequency in the directions field as well as prescriber, and indication. Make sure to include over-the-counter (OTCs) and meds taken only on an as-needed basis.	StaticText											

Attachment I.G.8-1 Medicaid Enrollee Needs Assessment (Kentucky SKY)

Program Referral Assessment v2

CDM/MDM except Generic Controls/Header s		Question	Que_999044	comprehensive	Do you have any worries or problems with your medicines?	CheckBox	None Financial concerns Forget to refill Forget to take Lack of perceived need Problems/issues with medication side effects Transportation issues Other (TextBox -> "Specify Other:")	Yes								
		Generic Control	Gen_999001	header	Caregiver & ADLs/IADLs	SectionHeader										
CDM/MDM except Generic Controls/Header s		Question	Que_999005	comprehensive	Identify ADLs member requires assistance with.	CheckBox	Bathing Carrying Heavy objects (like a sack of potatoes) Cooking Dressing Eating Grooming Heavy Cleaning (Windows, scrubbing floor) Light Cleaning Managing Incontinence Managing Money (Tracking expenses and paying bills) Medication Administration Member reports they are independent with all ADLs Mobility Shopping Sitting/Crouching/Kneeling Toileting Transfers (chair, bed) Walking Other (TextBox -> "Specify Other:")	Yes								
CDM/MDM except Generic Controls/Header s		Question	Que_999003	comprehensive	When you need help, who helps you?	CheckBox	Family Member Friend Paid Help Self Spouse No help needed Other (TextBox -> "Specify Other:")	Yes								
		Generic Control	Gen_999016	header	ER/IP Utilization	SectionHeader										
CDM/MDM except Generic Controls/Header s		Question	Que_999183	comprehensive	If you have been to the emergency room or urgent care in the past 3 months, what caused you to go?	CheckBox	24 Hour Nurse Line/BH Crisis Line referred After office hours, non-holiday/weekend During office hours and didn't call physician office During office hours and physician unable to accommodate member Emergency care needed Holiday/weekend hours Member doesn't have a physician or PCP No visits within past 3 months Physician referred Urgent care needed Other (TextBox -> "Specify other:")	Yes								
		Generic Control	Gen_999013	header	Health Systems Review	SectionHeader										
		Generic Control	Gen_8383	health history	Would you mind sharing with me medical conditions that you have been treated for in the past as well as those conditions that you are currently being treated for?	StaticText										
		Generic Control	Gen_8384	health history	Care Manager Prompt: CheckBox any systems for which member has a history of conditions and complete branching related question below	StaticText										
CDM/MDM except Generic Controls/Header s		Question	Que_999087	comprehensive	Health systems review	CheckBox	Cardiovascular Respiratory Endocrine Musculoskeletal Gastrointestinal Neurological Renal Blood/Hematological Infectious Disease Skin/Integumentary Reproductive Eyes, Ears, Nose, Throat Cancer Rare Diseases Behavioral Health Other (TextBox -> "Specify Other:")	Yes	Positive response to any category opens up to further questions for each category.	See "Design (CTX Only)" tab for conditional branching for Health System Review						
CDM/MDM	Conditional Question	Question	Que_999088	comprehensive	Cardiovascular condition details	CheckBox	Angina Congenital or Acquired Heart Disease Congestive Heart Failure Coronary Artery Disease High cholesterol Hypertension Myocardial Infarction (MI) Stroke Other (TextBox -> "Specify Other:")	Yes	Que_999087 Equals Cardiovascular	Que_999088 Que_999089						
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999089	comprehensive	Cardiac condition status	RadioButton	Current Past	Yes								

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Program Referral Assessment v2

CDM/MDM	Conditional Question	Question	Que_999093	comprehensive	Respiratory condition details	CheckBox	Asthma Chronic Bronchitis COPD Emphysema Pneumonia Respiratory Failure Sleep Apnea Other (TextBox -> "Specify other")	Yes	Que_999087 Equals Respiratory	Que_999093 Que_999094							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999094	comprehensive	Respiratory condition status	RadioButton	None Current Past	Yes									
CDM/MDM	Conditional Question	Question	Que_999098	comprehensive	Endocrine condition details	CheckBox	Thyroid Diabetes Member Unsure Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Endocrine	Que_999098 Que_999099							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999099	comprehensive	Endocrine condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999103	comprehensive	Musculoskeletal condition details	CheckBox	Back problems Cervical stenosis Fibromyalgia Gout Joint Replacement Osteoarthritis (Degenerative Joint Disease) Osteoporosis Rheumatoid arthritis Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Musculoskeletal	Que_999103 Que_999104							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999104	comprehensive	Musculoskeletal condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999109	comprehensive	Gastrointestinal condition details	CheckBox	Appendicitis Chronic constipation/diarrhea Crohn's Diverticulitis Gastritis GERD GI bleed Hiatal hernia Irritable Bowel Syndrome Ulcerative Colitis Ulcers Other (TextBox -> "Specify Other:")	Yes	Que_999087 Equals Gastrointestinal	Que_999109 Que_999110							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999110	comprehensive	Gastrointestinal condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999113	comprehensive	Neurological condition details	CheckBox	Alzheimer's disease Autism Brain Injury Neuropathy Paralysis Parkinson's disease Seizures Shingles Stroke Transient Ischemic Attack (TIA) Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Neurological	Que_999113 Que_999114							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999114	comprehensive	Neurological condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999117	comprehensive	Renal condition details	CheckBox	Chronic Kidney Disease Dialysis End Stage Renal Disease Incontinence Kidney stones Urinary Tract Infection (UTI) Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Renal	Que_999117 Que_999118							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999118	comprehensive	Renal condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999121	comprehensive	Hematological condition details	CheckBox	Anemia Clotting disorder Sickle Cell Anemia Thrombocytopenia Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Blood/Hematological	Que_999121 Que_999122							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999122	comprehensive	Hematological condition status	RadioButton	Current Past	Yes									

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CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999125	comprehensive	Infectious Disease condition details	CheckBox	C Diff Hepatitis HIV/AIDS Meningitis MRSA Septicemia Tuberculosis Other Infectious Disease (TextBox -> "Specify other:")	Yes	Que_999087 Equals Infectious Disease	Que_999125 Que_999126							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999126	comprehensive	Infectious Disease condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999129	comprehensive	Skin condition details	CheckBox	Burns Cellulitis Decubiti Eczema Non-surgical wound Psoriasis Other Skin (TextBox -> "Specify other:")	Yes	Que_999087 Equals Skin/Integumentary	Que_999129 Que_999130							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999130	comprehensive	Skin condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999133	comprehensive	Reproductive condition details	CheckBox	Enlarged prostate Erectile dysfunction Inguinal hernia Polycystic ovaries Pregnancy STDs Uterine bleeding Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Reproductive	Que_999133 Que_999134							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999134	comprehensive	Reproductive condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999140	comprehensive	EENT condition details	CheckBox	Blindness Cataracts Chronic sinusitis Diabetic retinopathy Dysphasia Glasses/Contacts Glaucoma Hearing aids Hearing disorder Macular degeneration Nasal congestion Vision impairment Vocal hoarseness Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Eyes, Ears, Nose, Throat	Que_999140 Que_999141							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999141	comprehensive	EENT condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999144	comprehensive	Cancer condition details	CheckBox	Bone Brain Breast Colon Liver Lung Multiple Myeloma Non-Hodgkin's Lymphoma Oral Ovarian Pancreas Prostate Skin Other (TextBox -> "Specify other:")	Yes	Que_999087 Equals Cancer	Que_999144 Que_999145							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999145	comprehensive	Cancer condition status	RadioButton	Current Past	Yes									
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999148	comprehensive	I am going to go through a list with you now. Has the doctor ever told you that you have any of these uncommon conditions? (Note to associate: these are the rare diseases.)	CheckBox	ALS Chronic inflammatory demyelinating polyneuropathy (CIDP) Cystic Fibrosis Dermatomyositis Hemophilia - except von Willebrand's Multiple Sclerosis Myasthenia Gravis Parkinson's Disease Polymyositis Scleroderma Sickle Cell Disease Systemic Lupus	Yes	Que_999087 Equals Rare Diseases	Que_999148 Que_999054							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999054	comprehensive	Rare Disease condition status	RadioButton	Current Past	Yes									

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CDM/MDM except Generic Controls/Headers	Conditional Question	Question	Que_999151	comprehensive	Behavioral Health condition details	CheckBox	ADHD Anxiety Bipolar Disorder Eating Disorder (binging, anorexia bulimia) Major Depression Schizophrenia/Schizoaffective disorder Substance Use Disorder (SUD) Suicide Attempt Other (TextBox -> "Specify other.")	Yes	Que_999087 Equals Behavioral Health Que_999152								
CDM/MDM except Generic Controls/Headers	Conditional Question	Question	Que_999152	comprehensive	Behavioral Health condition status	RadioButton	Current Past	Yes									
		Generic Control	Gen_999009	header	Pain/Opioids	SectionHeader											
CDM/MDM except Generic Controls/Headers		Question	Que_999069	comprehensive	Do you experience any pain?	Dropdown	Yes No Member Unsure Did not respond (textbox -> "Details")	Yes	Branching - do not populate remaining questions if No/Did Not Respond is answered								
CDM/MDM except Generic Controls/Headers		Question	Que_999070	comprehensive	Tell me about your pain? (location, type, frequency, history, impact on daily activities, new or worsening)	TextBox		Yes									
CDM/MDM except Generic Controls/Headers		Question	Que_999076	comprehensive	Do you have a treatment plan? If so, what is your treatment plan?	CheckBox	No Treatment Plan Cognitive therapy (relaxation training, biofeedback, etc.) Implantable device Medication Assisted Therapy (MAT) Narcotic pain medication Nerve block/trigger point injection Non-narcotic pain medication Physical Therapy Regular exercise (3 times per week or more) Rehabilitation Transcutaneous electrical nerve stimulation (TENS) Working with Pain Management Provider Other (TextBox -> "Specify Other.")	Yes									
CDM/MDM except Generic Controls/Headers		Question	Que_999077	comprehensive	Care Manager prompt: What follow-up actions do you need to take based on the pain assessment?	CheckBox	N/A Call physician Consultation For chest pain, keep enrollee online and follow 911 process Member chooses not to address pain Other medical treatment as prescribed Pain severity doesn't warrant intervention at this time Use medication as prescribed Other (TextBox -> "Specify Other.")	Yes									
CDM/MDM except Generic Controls/Headers		Question	Que_999078	comprehensive	Care Manager prompt: Is there an Opioid Predictive Model Alert on IMP? (look in Health Risk Score section)	RadioButton	Yes No		Que_999078 Equals Yes	Que_999079							
		Generic Control	Gen_999014	header	Behavioral Health	SectionHeader											
		Generic Control	Gen_008065	Sr Dia	Depression Screening	SectionHeader											
		Generic Control	Gen_143101	HGB	Over the past 2 weeks, how often have you been bothered by any of the following problems?	StaticText											
CDM/MDM except Generic Controls/Headers		Question	Que_09003	comprehensive	Little interest or pleasure in doing things	Dropdown	Not at all Several days More than half the days Nearly everyday	Yes	Que_09003 Equals Several days AND Que_09004 Equals Nearly everyday Que_09003 Equals Nearly everyday AND Que_09004 Equals Several days	Que_999163							
CDM/MDM except Generic Controls/Headers		Question	Que_09004	comprehensive	Feeling down, depressed or hopeless	Dropdown	Not at all Several days More than half the days Nearly everyday	Yes	Que_09003 Equals More than half the days AND Que_09004 Equals More than half the days	Que_999163							
CDM/MDM except Generic Controls/Headers	Conditional Question	Question	Que_999163	comprehensive	Care Manager prompt: The member has scored high for depression risk. What additional actions did you take?	CheckBox	None Consult with Behavioral Health SME Refer to Social Worker Member already engaged with BH Provider Other (TextBox -> "Specify other.")	Yes									
		Generic Control		header	Alcohol and Substance Use	SectionHeader											
mirrors Medicaid BH Comprehensive Survey		Question	Que_072482		Do you smoke or use other tobacco products (Chewing Tobacco/Vape)?	Dropdown	Yes No Quit within the last 6 months		Equals Yes OR Equals Quit within the last 6 months	Would you like help quitting smoking or do you need more assistance staying tobacco free?							
		Question	Que_072483		Would you like help quitting smoking or do you need more assistance staying tobacco free?	Dropdown	Yes No Not Sure		Equals Yes OR Equals Not Sure	Care Manager Prompt: Select resources provided to enrollee.							

	Question		Que_072484		Care Manager Prompt: Select resources provided to enrollee.	Multiselect Dropdown	Enrollee declines referrals at this time Referral to Humana Wellness/Healthy Behaviors Referral to Other Provider Referral to Support Group Referral to Tobacco Quitline <i>/All responses -> Text Box -> "Specify details"</i>											
	Question		Que_072486		Do you ever drink or use recreational drugs?	Radio Button	Yes No	Equals Yes		Is this a child/adolescent or adult?								
	Question		Que_072487		Is this a child/adolescent or adult?	Radio Button	Child/ Adolescent Adult	Equals Child/ Adolescent Equals Adult		CRAFT Part A CAGE-AID								
	Generic Control		Gen_1325		CRAFT Part A Care Manager Prompt: This section is for adolescent enrollees only.	Section Header												
	Question		Que_072489		Drink any alcohol (more than a few sips)? Do not count sips of alcohol taken during family or religious events.	Radio Button	Yes No	Equals Yes OR Equals Yes OR		CRAFT Part B								
	Question		Que_072490		Smoke any marijuana or hashish?	Radio Button	Yes No	Equals Yes OR Equals Yes OR		CRAFT Part B								
	Question		Que_072491		Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	Radio Button	Yes No	Equals Yes OR Equals Yes OR Equals Yes		CRAFT Part B								
	Generic Control		Gen_1326		CRAFT Part B	Section Header												
	Question		Que_072492		Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	Radio Button	Yes No											
	Question		Que_072493		Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	Radio Button	Yes No											
	Question		Que_072494		Do you ever use alcohol or drugs while you are by yourself, or alone?	Radio Button	Yes No											
	Question		Que_072495		Do you ever forget things you did while using alcohol or drugs?	Radio Button	Yes No											
	Question		Que_072496		Do your family or friends ever tell you that you should cut down on your drinking or drug use?	Radio Button	Yes No											
	Question		Que_072497		Have you ever gotten into trouble while you were using alcohol or drugs?	Radio Button	Yes No											
	Question		Que_072498	Que_072498 will need new Element ID as question has changed	Care Manager Prompt: Each answer of Yes in Part B of the CRAFT questions equals 1 point. -If the Enrollee answered Yes to 3 or less questions this is categorized as Substance Abuse. -If the Enrollee answered Yes to 4 or more questions, this is categorized as Substance Dependence. What additional actions did you take to support the Enrollee?	CheckBox	None Consult with Behavioral Health SME Discuss engagement in SUD program Member already engaged with BH Provider Referral to BH Provider Referral to PCP Other (Text Box -> "Specify other:")	Yes										
	Generic Control		Gen_07174		CAGE-AID Questions Case Manager Prompt: This section is for adult enrollees only.	Section Header												
	Question		Que_071668		Have you ever felt that you ought to cut down on your drinking or drug use?	Radio Button	Yes No Declines to Answer											
	Question		Que_071669		Have people annoyed you by criticizing your drinking or drug use?	Radio Button	Yes No Declines to Answer											
	Question		Que_071670		Have you ever felt bad or guilty about your drinking or drug use?	Radio Button	Yes No Declines to Answer											
	Question		Que_071671		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?	Radio Button	Yes No Declines to Answer											
	Question		Que_072488		Do you ever take more than what is prescribed of your own medication or other prescription medications that are not your own.	Radio Button	Yes No											
CDM/MDM except Generic Controls/Headers	Conditional Question	Question	Que_999171	comprehensive	Care Manager Prompt: If Enrollee answered yes to 3 or more of the CAGE AID questions, the member has scored high for potential substance use disorder. What additional actions did you take to support the Enrollee?	CheckBox	None Consult with Behavioral Health SME Discuss engagement in SUD program Member already engaged with BH Provider Referral to BH Provider Referral to PCP Other (Text Box -> "Specify other:")	Yes										
CDM/MDM except Generic Controls/Headers		Question	Que_999173	comprehensive	Have you had thoughts in the last 30 days of wanting to hurt yourself or someone else? (This includes thoughts of wanting to die or not wake up tomorrow).	Radio Button	Yes No	Que_999173 Equals Yes		Que_999174								
CDM/MDM except Generic Controls/Headers	Conditional Question	Question	Que_999174	comprehensive	Care Manager Prompt: Describe member reported symptoms and safety plan.	Text Box		Yes										

Attachment I.G.8-1 Medicaid Enrollee Needs Assessment (Kentucky SKY)

Program Referral Assessment v2

CDM/MDM except Generic Controls/Header s		Question	Que_999175	comprehensive	Have you ever experienced the following? Clinician to check all that apply to member.	CheckBox	<p>Believed that people were spying on you, or that someone was plotting against you, reading your thoughts, or trying to hurt you</p> <p>Bothered by thoughts or impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing</p> <p>Experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else</p> <p>Had a period of time when you were feeling up, hyper, so full of energy, or full of yourself that you got into trouble, or that other people thought you were not yourself (not when using drugs or alcohol)</p> <p>Heard things other people couldn't hear, such as voices, or seen visions or things when you were awake that other people couldn't see</p> <p>None</p>										
CDM/MDM except Generic Controls/Header s		Question	Que_999176	comprehensive	Care Manager prompt: Behavioral health risks - check all that apply.	CheckBox	<p>None</p> <p>Abuse of prescription drugs</p> <p>Financial exploitation</p> <p>Physical aggression</p> <p>Physical or emotional abuse</p> <p>Resistant to help</p> <p>Self-neglect</p> <p>Unsafe alone</p> <p>Use of recreational drugs</p> <p>Wandering</p> <p>Other (TextBox -> "Specify other:")</p>										
CDM/MDM except Generic Controls/Header s		Question	Que_999177	comprehensive	Do you have a behavioral health provider?	RadioButton	<p>Yes</p> <p>No</p>		Que_999177 Equals Yes	Que_999178 Que_999179 Que_999180							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999178	comprehensive	Name of behavioral health provider	TextBox											
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999179	comprehensive	Date of last visit	DateTimePicker											
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999180	comprehensive	How is your relationship with your current BH provider?	RadioButton	<p>Good</p> <p>Fair</p> <p>Poor</p> <p>Unknown</p>		Que_999180 Equals Fair OR Que_999180 Equals Poor	Que_999181							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999181	comprehensive	Care Manager prompt: Please describe issue with provider relationship and resolution needed.	TextBox											
CDM/MDM except Generic Controls/Header s		Question	Que_999182	comprehensive	Behavioral health conclusions. Elaborate on the member's current mental health, cognitive and substance abuse status and needs.	TextBox											
		Generic Control	Gen_13026	Advance Directives	Advance Directives	SectionHeader											
CDM/MDM except Generic Controls/Header s		Question	Que_999009	comprehensive	Do you have any of the following legal documents capture your health care wishes? In comments box, elaborate on status of legal documents.	CheckBox	<p>None</p> <p>PHI on file</p> <p>Living Will</p> <p>Healthcare POA</p> <p>Financial POA</p> <p>Do Not Resuscitate (DNR)</p> <p>Organ/Tissue Donation</p> <p>(Associate text box to all answers -> Specify Comments)</p>	Yes	Que_999009 Equals None	Que_999010							
CDM/MDM except Generic Controls/Header s	Conditional Question	Question	Que_999010	comprehensive	Care Manager prompt: Describe the appropriate education offered to the member/caregiver	CheckBox	<p>State Approved Advance Directives</p> <p>Member/Caregiver Refused</p> <p>Other (TextBox -> "Specify Other:")</p>	Yes									
		Generic Control			Summary	SectionHeader											
					Based on the responses above, describe any additional details such as disease/condition education provided, gaps identified, action items, and progress made as applicable. (Consider condition management programs, Mom's First, Wellness Solutions for tobacco and weight loss, or case management as appropriate)	TextBox											
CDM/MDM		Question	Que_071723	comprehensive	Verbal consent to share information with Enrollee's providers obtained, including the sharing of sensitive information for the purposes of care coordination. Sensitive information includes behavioral health, substance use disorder, HIV, sexual assault/traumatic events.	RadioButton	<p>Yes</p> <p>No</p>	Yes									

<i>Element ID: (ICS Use Only)</i>	Mandatory	Conditional

Branching Condition	Branching Location	PROD ()	QA2 ()
Que_999087 Contains Cardiovascular	Que_999088 Que_999089		
Que_999087 Contains Respiratory	Que_999093 Que_999094		
Que_999087 Contains Endocrine	Que_999098 Que_999099		
Que_999087 Equals Musculoskeletal	Que_999103 Que_999104		
Que_999087 Equals Gastrointestinal	Que_999109 Que_999110		
Que_999087 Equals Neurological	Que_999113 Que_999114		
Que_999087 Equals Renal	Que_999117 Que_999118		
Que_999087 Equals Blood/Hematological	Que_999121 Que_999122		
Que_999087 Equals Infectious Disease	Que_999125 Que_999126		
Que_999087 Equals Skin/Integumentary	Que_999129 Que_999130		
Que_999087 Equals Reproductive	Que_999133 Que_999134		
Que_999087 Equals Eyes, Ears, Nose, Throat	Que_999140 Que_999141		
Que_999087 Equals Cancer	Que_999144 Que_999145		
Que_999087 Equals Rare Diseases	Que_999148 Que_999054		
Que_999087 Equals Behavioral Health	Que_999151 Que_999152		
Que_999079 Equals Yes	Que_999080		
Que_999080 Equals Greater than once	Que_999081		
Que_999081 Equals Yes	Que_999082		
Que_999082 Equals Yes	Que_999200		
Que_999164 Equals Yes OR Que_999165 Equals Yes	Que_999166 Que_999167 Que_999168 Que_999169		
Que_999165 Equals Yes OR Que_999166 Equals Yes OR Que_999167 Equals Yes OR Que_999168 Equals Yes OR Que_999169 Equals Yes	Que_999171		
Que_999173 Equals Yes	Que_999174		
Que_999177 Equals Yes	Que_999178 Que_999179 Que_999180		
Que_999180 Equals Fair OR Que_999180 Equals Poor	Que_999181		

Que_09003 Equals Several days AND Que_09004 Equals Nearly everyday	Que_999163		
Que_09003 Equals Nearly everyday AND Que_09004 Equals Several days	Que_999163		
Que_09003 Equals More than half the days AND Que_09004 Equals More than half the days	Que_999163		
Que_09003 Equals More than half the days AND Que_09004 Equals Nearly everyday	Que_999163		
Que_09003 Equals Nearly everyday AND Que_09004 Equals More than half the days	Que_999163		
Que_09003 Equals Nearly everyday AND Que_09004 Equals Nearly everyday	Que_999163		
Que_999213 NotEquals None	Que_999214		
Que_999009 Equals None	Que_999010		
Que_999078 Equals Yes	Que_999079		