

Draft



Catastrophic Care - Pediatrics Assessment for Member Name (Member ID)

Q1	Who is completing this Catastrophic Care - Pediatrics assessment?
	Patient
	Parent/Legal Guardian
	Foster Parent
	Other Caregiver
	Other Patient Representative (e.g., Sister/Brother)
	Power of Attorney - Healthcare
	Spouse/Partner
	Declined to Answer
	Other

Q2	Is a personal representative designation form and/or a disclose PHI form on file?
	Yes, Personal Representative Designation Form on File
	Yes, Disclose PHI Form is on File
	No, Send Personal Representative Designation Form
	No, Send Disclose PHI Form
	No, Does Not Want Form(s)
	Declined to Answer
	Other

Q3	What is the primary language spoken in the home?
	English
	Spanish
	Arabic
	Chinese (including Mandarin, Cantonese)
	French
	German
	Haitian Creole
	Hindi
	Italian
	Korean
	Portuguese
	Russian
	Sign Language
	Tagalog (including Filipino)
	Vietnamese
	Declined to Answer
	Other

Q4	Does the patient have problems with vision?
	Wears Glasses/Contacts
	Legally Blind
	Assistance Needed with Vision Problems
	No Vision Problems
	Declined to Answer
	Other

Q5	Does the patient have problems with hearing?
	Partial Hearing Loss
	Deaf
	Assistive Devices Used (Please specify in COMMENTS box below)
	TTY Used
	Assistance Needed with Hearing Problems
	No Hearing Problems
	Declined to Answer
	Other

Q6	Does the patient/caregiver have difficulty reading and/or understanding information provided about the patient's health?
	No Difficulty
	No Difficulty if Provided in Preferred Non-English Language
	Yes, Difficulty Reading Some of the Information
	Yes, Unable to Read the Information
	Able to Read the Information but Difficulty Understanding it
	Declined to Answer
	Other

Q7	How do family/cultural traditions and/or beliefs impact health decisions and/or practices?
	Receiving Blood Transfusions/Blood Products
	Dietary Practices
	Examination by a Male/Female Provider
	Use of Medications (e.g. Pork/Beef Insulin)
	Rx/Procedures Discouraged/Not Allowed
	Transportation by Male/Female Driver
	No Impact
	Declined to Answer
	Other

Q8	Does the patient have any physical conditions or problems? (Mark all that apply and provide specifics in the COMMENTS box)
	AIDS
	Asthma
	Bleeding/Coagulation Disorder
	Brain Injury
	Burn
	Cancer
	Chronic Kidney Disease
	Congenital Disorder
	Diabetes
	Fetal Alcohol Syndrome
	GI Disorder
	High Blood Pressure
	High Cholesterol
	HIV
	Liver Failure
	Low Birth Weight
	Neonatal Abstinence Syndrome
	Obesity
	Paralysis
	Pregnancy
	Premature Birth
	Respiratory Failure

	Rheumatic Disease
	Seizure Disorder
	Sepsis
	Sickle Cell Disease
	Spinal Cord Injury
	Transplant
	Trauma Injury
	None of the Above
	Declined to Answer
	Other

Q9	Does the patient have any behavioral health conditions? (Mark all that apply and provide specifics in the COMMENTS box)
	ADHD
	Anxiety
	Autism
	Bipolar Disorder(s)
	Depression/Sadness
	Disruptive Mood Dysregulation Disorder (Examples: Impulse-Control, Aggression, Conduct Disorders, Oppositional Behaviors)
	Elimination Disorder(s) (Encopresis, Enuresis)
	Internet Gaming Disorder
	Learning Disorder(s)
	Neurodevelopmental Disorder(s) (Examples: Social Communication Disorder, Intellectual Disability, Developmental Delays)
	Non-Suicidal Self-Injury
	Obsessive-Compulsive Disorder(s)
	Schizophrenia and Psychotic Disorder(s)
	Sexual and Gender Identity
	Signs of Disordered Eating
	Suicidal Ideation/Attempt
	Tic Disorder(s)
	Trauma and Stressor-Related Disorder(s)
	None of the Above
	Unsure
	Declined to Answer

	Other
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Q10	For each condition selected in the last 2 questions, the following information MUST be documented: date of onset, key events, and treatment history (including medications unless already addressed in the Medications tab of Patient Details).
	No Response

Q11	Is the patient undergoing or has the patient had any of the following treatments? (Mark all that apply and provide specifics in the COMMENTS box)
	Anticoagulant/Hemostasis Therapy
	Dialysis
	Transplant Surgery
	Other Surgeries
	None of the Above
	Declined to Answer

Q12	Has the patient attended a wellness visit with his/her provider in the past 12 months?
	Yes (Provide Approximate Date in COMMENTS Box Below)
	No
	Unsure
	Declined to Answer

Q13	Does the patient attend medical appointments at the frequency recommended by his/her provider?
	Yes
	No
	Not Sure What is Recommended
	Declined to Answer
	Other

Q14	Does the patient have a behavioral health practitioner that he/she sees regularly?
	Yes
	No
	Declined to Answer
	Other

Q15	In the past 12 months how many times did the patient go to the emergency room? (Specify reasons in COMMENTS box)
	0
	1
	2
	3
	4 or More
	Unsure
	Declined to Answer

Q16	In the past 12 months how many times did the patient stay overnight in a hospital? (Specify reasons in COMMENTS box)
	0
	1
	2
	3
	4 or More
	Unsure
	Declined to Answer

Q17	What worries you most about your (the patient's) health?
	No Response

Q18	When you think about [patient's primary condition or concern], what comes to mind?
	No Response

Q19	What outpatient or in-home services/treatments is the patient currently receiving? (Mark all that apply and provide specifics in the COMMENTS box)
	Disease Education Program
	Food/Nutrition Services
	Home Health Aide Services
	Home Health Nursing Services
	Home Infusion Therapy
	Mental Health Counseling
	Occupational Therapy (OT)
	Physical Therapy (PT)
	School Services
	Smoking Cessation
	Speech Therapy (ST)
	Substance Use Treatment
	Wound Care
	Not Receiving Services and None are Needed
	Not Receiving Services, but Services are Needed
	Declined to Answer
	Other

Q20	What equipment is the patient currently using? (Mark all that apply and provide specifics in the COMMENTS box)
	Braces/Splints
	Cane/Crutches
	Car Seat
	Communication Equipment
	Dialysis Equipment
	Helmet
	Lift
	Monitor (Apnea, Glucose, Heart, Oxygen, Respiratory)
	Nutrition Equipment
	Ostomy Supplies
	Positioning Equipment
	Respiratory Equipment
	Specialty Crib/Bed
	Toileting Equipment
	Walker/Roller
	Wheelchair
	Wound Care Equipment
	None
	Additional Equipment is Needed
	Declined to Answer
	Other

Q21	Are there additional health management concerns for the patient? (Mark all that apply and provide specifics in the COMMENTS box)
	Don't Understand Information About the Health Condition(s)
	Don't Understand How to Manage the Condition(s)
	Don't Know How to Use the Recommended Equipment
	Difficulty Obtaining the Needed Equipment or Help
	Difficulty Finding Programs or Other Help Close to Me
	Overwhelmed with What Needs to be Done
	Don't Agree with the Recommendations of the Patient's Provider(s)
	Don't Believe the Patient has the Condition(s)
	Not Interested in Following the Treatment Plan
	None of the Above
	Unsure
	Declined to Answer
	Other

Q22	What is the patient's height?
	No Response

Q23	What is the patient's weight?
	No Response

Q24	(For staff) Calculate patient's BMI (Body Mass Index) percentile.
	BMI <5th Percentile (Underweight)
	BMI 5th-84th Percentile (Healthy Weight)
	BMI 85th-94th Percentile (Overweight)
	BMI > or Equal to 95th Percentile (Obese)
	Not Applicable (Select if Patient Under 2 Years Old)
	Unable to Determine

Q25	Has the patient received all recommended age-appropriate immunizations?
	Yes
	No (Specify Details in the COMMENTS Box)
	Unsure
	Declined to Answer

Q26	What are the patient's lifestyle behaviors?
	Alcohol Use
	Difficulty Completing Preventive Screenings
	Eating an Unhealthy Diet
	Not Enough Physical Activity
	Risky Sexual Behaviors
	Sleep Difficulties
	Smoking or Other Tobacco Use
	Substance or Drug Use
	None of the Above
	Declined to Answer
	Other

Q27	How does the patient eat or take in nutrition? (Provide details in COMMENTS box)
	Mouth/Regular
	Mouth/Soft
	Mouth/Pureed
	Mouth/Liquid
	Breast
	Bottle
	NG or NJ Tube
	GT or JT
	TPN
	Declined to Answer
	Other

Q28	Where does the patient sleep?
	Crib/Bassinet
	Co-Sleeping
	Own Bed
	Floor
	Declined to Answer
	Other

Q29	[STAFF ONLY] Have the names, doses, routes and schedules of the prescription and over-the-counter medications been discussed with the patient/caregiver and documented in the Medication section of Patient Details?
	Yes
	No
	Not Applicable

Q30	Do you feel like the patient has too many medications or too many doses per day?
	Yes
	No
	Not Applicable
	Declined to Answer

Q31	Does the patient forget to take medications on routine days such as school days?
	Yes
	No
	Not Applicable
	Declined to Answer

Q32	Does the patient forget to take medications on non-routine days such as the weekends?
	Yes
	No
	Not Applicable
	Declined to Answer

Q33	Are you concerned that the patient's medications are not helping him/her?
	Yes
	No
	Not Applicable
	Declined to Answer

Q34	Do you feel like the patient does not need the medications?
	Yes
	No
	Not Applicable
	Declined to Answer

Q35	What else prevents the patient from taking medications as instructed? (Mark all that apply)
	Side Effects of Medication(s)
	Cost of Medication(s)
	Unable to Pick Up Prescriptions from the Pharmacy
	Forget to Get Prescriptions Filled
	Unable to Get Refills
	Difficulty Understanding Medication Instructions
	Taste of Medication(s)
	Trouble Swallowing Medication(s)
	Trouble Using Medication Devices
	No Difficulty, Taking as Instructed
	Declined to Answer
	Other

Q36	Does the patient have a Pediatrician or Primary Care Provider?
	Patient has a Pediatrician/PCP (Specify in COMMENTS Box)
	Patient Does Not have a Pediatrician/PCP and Needs Assistance Obtaining One
	Patient Does Not have a Pediatrician/PCP and Denies Needing Assistance in Obtaining One
	Unsure
	Declined to Answer
	Other

Q37	What other providers/specialists does the patient see? (Mark all that apply)
	Allergist
	Cardiologist
	Dermatologist
	Developmental Pediatrician
	Endocrinologist
	ENT
	Gastroenterologist
	Geneticist
	OB/GYN
	Hematologist/Oncologist
	Infectious Disease
	Mental Health Therapist
	Neonatologist
	Nephrologist
	Neurologist
	Ophthalmologist
	Orthopedic
	Pain Management
	Psychiatrist
	Psychologist
	Pulmonologist
	Rheumatologist

	Urologist
	Patient Does Not have a Specialist and Needs Assistance Obtaining One (Specify in COMMENTS Box Below)
	Patient Does Not have a Specialist and Denies Needing Assistance Obtaining One
	Unsure
	Declined to Answer
	Other

Q38	Has the patient received dental care?
	Yes, Within the Last 6 Months
	Yes, 6 Months - 1 Year Ago
	Yes, More than One Year Ago
	Not Applicable (Under 1 Year Old)
	No
	Declined to Answer
	Other

Q39	Are there any barriers to the patient accessing care? (Mark all that apply and provide specifics in the COMMENTS box)
	Difficulty Affording Copay/Coinsurance/Deductible
	Difficulty Affording Costs Not Covered by Insurance
	Difficulty Contacting Provider
	Difficulty Getting Timely Appointment with Medical Provider
	Difficulty Getting Appointment with a Behavioral Health Provider
	Unable to Attend Appointment During Normal Office Hours
	Hard to Physically Get In/Out of the Provider's Office
	No Available Caregiver to Accompany Patient
	Difficulty Talking With or Understanding Provider
	Lack of Transportation
	Don't Understand How the Patient's Insurance Works
	No Barriers to Accessing Care Identified
	Declined to Answer
	Other

Q40	What form of transportation is used by the patient for medical appointments/services? (Mark all that apply)
	Car with Family/Friend
	Drives Self
	Walks
	Wheelchair Transport
	Ambulance
	Bus
	Taxi
	Community Resource Transportation Service
	No Reliable Transportation Available, Assistance is Needed
	Declined to Answer
	Other

Q41	Who is the patient's primary caregiver?
	Mother
	Father
	Sibling
	Grandparent
	Foster Parent
	Legal Guardian
	Spouse/Partner
	No Caregiver
	Declined to Answer
	Other

Q42	Who else provides caregiver support to the patient?
	Mother
	Father
	Sibling
	Grandparent
	Foster Parent
	Legal Guardian
	Spouse/Partner
	No Additional Caregiver
	Declined to Answer
	Other

Q43	Who does the patient live with? (Mark all that apply)
	One Parent
	Both Parents
	One Parent and One Step-Parent
	Legal Guardian(s)
	Sibling(s)
	Grandparent(s)
	Other Relatives (Specify in COMMENTS Box Below)
	Non-Relatives (Specify in COMMENTS Box Below)
	Foster Family
	Spouse/Partner
	Lives Alone
	Declined to Answer
	Other

Q44	What is the patient's living situation?
	House/Apartment
	Group Home
	Residential Treatment Facility
	Shelter
	Unstable Housing
	Homeless
	Declined to Answer
	Other

Q45	Do the care needs of others in the home impact care that the patient needs or receives?
	Yes (Specify below in the COMMENTS box)
	No
	Unsure
	Declined to Answer
	Other

Q46	Do any of the following safety concerns apply to the patient? (Mark all that apply and provide specifics in the COMMENTS box)
	Access or Exposure to Guns
	Physical Harm
	Mental Harm
	Felt to be in Danger
	Exposure to Second Hand Smoke
	Exposure to Drug Use/Abuse
	Exposure to Alcohol Abuse
	Unsafe Living Environment/Neighborhood
	Difficulty Entering/Leaving the Home
	Difficulty Navigating Within the Home
	No Smoke Detector/Fire Alarm
	Unsanitary Conditions
	No Safety Concerns
	Unsure
	Declined to Answer
	Other

Q47	Which of the following self-care deficits for ADLs and IADLs does the patient have?
	Bathing
	Bowel/Bladder Control
	Climbing Stairs
	Dressing
	Eating
	Grooming
	Housekeeping
	Laundry
	Lifting/Carrying More than Minimal Weight
	Managing Money
	Meal Preparation
	Shopping
	Taking Medications
	Toileting
	Transferring
	Transportation
	Using the Telephone
	Walking Within the Home
	No Deficits Identified
	Declined to Answer
	Other

Q48	Is available assistance meeting the patient's needs?
	Yes
	No (Specify Below in COMMENTS Box)
	No Assistance Needed
	Declined to Answer
	Other

Q49	(Staff only) Based on your assessment of the patient/caregiver, what are the skills for daily decision making? (Provide details in COMMENTS box)
	Independent (Decisions Consistent, Reasonable and Safe)
	Modified Independent (Some Difficulty)
	Minimally Impaired (Needs Cues)
	Severely Impaired (Rarely Makes Decisions)
	Unable to Determine
	Other

Q50	Does the patient have difficulty with any of the following age-appropriate activities? (Mark all that apply)
	Following Instructions
	Speech
	Keeping Up with School Work
	Getting Along with Peers
	Unsure
	Declined to Answer
	Other

Q51	Has anyone ever indicated that the patient is behind other children his/her age developmentally?
	Yes (Specify in COMMENTS Box Below)
	No
	Unsure
	Declined to Answer

Q52	Is the patient 3 years of age or under?
	Yes
	No

Q53	[PSC] Feels sad, unhappy
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q54	[PSC] Feels hopeless
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q55	[PSC] Is down on self
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q56	[PSC] Worries a lot
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q57	[PSC] Seems to be having less fun
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q58	[PSC17-I] Internalizing Score is the sum of questions number 53 through 57. Is the total score from these questions greater than or equal to five?
	Yes
	No
	Not Applicable

Q59	[PSC] Fidgety, unable to sit still
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q60	[PSC] Daydreams too much
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q61	[PSC] Distracted easily
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q62	[PSC] Has trouble concentrating
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q63	[PSC] Acts as if driven by a motor
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q64	[PSC17-A] Attention Score is the sum of questions number 59 through 63. Is the total score from these questions greater than or equal to seven?
	Yes
	No
	Not Applicable

Q65	[PSC] Fights with other children
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q66	[PSC] Does not listen to rules
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q67	[PSC] Does not understand other people's feelings
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q68	[PSC] Teases others
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q69	[PSC] Blames others for his or her troubles
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q70	[PSC] Refuses to share
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q71	[PSC] Takes things that do not belong to him or her
	Never (0)
	Sometimes (1)
	Often (2)
	Declined to Answer

Q72	[PSC17-E] Externalizing Score is the sum of questions number 65 through 71. Is the total score from these questions greater than or equal to seven?
	Yes
	No
	Not Applicable

Q73	*PSC-17 Total Score
	0-14
	15 or greater
	Not Applicable

Q74	Does the patient have any emotional or behavioral problems for which she/he needs help?
	Yes (Specify in COMMENTS Box Below)
	No
	Unsure
	Declined to Answer

Q75	Does the patient have an advance directive document in place? Examples: Living Will, Healthcare Power of Attorney, POLST, MOLST.
	Yes (List Specific Documents in COMMENTS Box Below)
	No
	Unsure
	Declined to Answer
	Other

Q76	Would you like information on advance directives sent to you?
	Yes
	No
	Declined to Answer
	Other

Q77	Does the patient/caregiver understand the available benefits?
	Yes
	No
	Unsure
	Declined to Answer
	Other

Q78	Do the benefits adequately meet the patient's needs?
	Yes
	No
	Unsure
	Declined to Answer
	Other

Q79	Is the patient eligible for other benefit coverage?
	Yes, the Patient has Other Benefit Coverage
	Yes, the Patient is Eligible for Other Benefit Coverage But Does Not Have Other Coverage Now
	No, the Patient is Not Eligible for Other Benefit Coverage
	Unsure
	Declined to Answer
	Other

Q80	Are there any coverage limits?
	Yes (Specify in COMMENTS Box Below)
	No
	Declined to Answer
	Other

Q81	Which of the following community resources does the patient currently need? (Mark all that apply)
	Community Mental Health Services
	Nutritional Support Services
	Palliative Care Services
	Transportation Services
	Wellness Programs
	Unsure
	No Community Resource Needs
	Declined to Answer
	Other

Q82	Is the patient eligible for services from the needed community resource(s)?
	Yes, Eligible for All Needed Community Resources
	Yes, Eligible for Some Needed Community Resources (Specify in the COMMENTS Box Below)
	No, Not Eligible
	Unsure
	No Community Resource Needs
	Declined to Answer
	Other

Q83	Are the needed community resources for which the patient is eligible available in the patient's area?
	Yes, All Available in Patient's Area
	Yes, Some Available in Patient's Area (Specify in the COMMENTS Box Below)
	No, Not Available
	Unsure
	No Community Resource Needs
	Declined to Answer
	Other