Health Screening Tool

An overview of the health screening tool for the *Healthy Pennsylvania* initiative
This session provides information on health screening, which is designed to improve access to the correct level of health care benefits based on medical needs.

Upon completion of this session, you will be able to:

• Describe the *Healthy PA* health screening purpose
• Identify the individuals who are invited to take the health screening
• Define the various channels for completing the health screening
What is the Health Screening?

- Self-administered questionnaire, not a diagnostic tool
- Identifies medical/behavioral health needs
- Not a condition of eligibility
- Matches health care needs to the best benefit plan
- Occurs at initial application and annual renewal
- Created for the department to determine medical frailty
Medically Frail includes individuals who have a:

- Disabling mental disorder
- Chronic substance abuse disorder
- Serious and complex medical condition
- Physical disability that significantly impairs his or her functioning
- Intellectual or developmental disability
- Disability determination designation by the Social Security Administration

Individuals who are screened as medically frail will be placed in the Medicaid Healthy Plus (high risk) benefit plan.
Health Care Needs Questionnaire

Please answer the following questions to the best of your knowledge. It is not required that you complete this form. However, it is to your benefit to answer these questions because it will help us identify what health care package best meets your individual needs. If you are uncomfortable answering any portion of this questionnaire, then ignore the question and move to the next question. All information you provide will remain confidential.

1. In general, compared to other people your age, how would you rate your health? (select only one)
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor

2. In general, compared to other people your age, how would you rate your mental health? (select only one)
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor

3. Are you currently receiving services on a daily basis from family, friends, or an agency/paid provider for each of the following activities? (answer each question)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Personal hygiene/grooming—such as brushing teeth, washing face, combing hair</td>
<td></td>
</tr>
<tr>
<td>Assistance walking or if you use a wheelchair, help once seated in chair</td>
<td></td>
</tr>
<tr>
<td>Help transferring from one place to another—such as moving from chair to bed, chair to toilet or bed to standing position</td>
<td></td>
</tr>
<tr>
<td>Help eating—Using a feeding tube or someone needing to feed you with a fork or</td>
<td></td>
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</tbody>
</table>
The Department will be monitoring and obtaining feedback as the tool is implemented.
Who will need to complete the screening tool?

- Adults between the ages of 21 through 64 applying for Medicaid or the Private Coverage Option

Who will not need to complete the screening tool?

- Children up to the age of 21
- Adults 65 years of age and older
- Pregnant women
- Individuals on SSI (or in a SSI related eligibility category),
- Those applying for or receiving MA home and community base (waiver) services
- Individuals residing in institutional settings (nursing homes, intermediate care facilities)
Important Facts About the Health Screening Tool

The health screening tool is intended to be completed by the individual and does not require a health care professional to administer.

• The tool is not a requirement for eligibility.

• A person may skip a question on the screening tool if the individual chooses to not respond to a question.

• All information received from the tool will be confidential and the information will only be used to place an individual in a benefit package.
Health Screening Timing

- At Initial Application
- Initial Transition in November 2014
- During Renewals
A household comprised of two adults and two children are applying for MA.

Mary (not receiving SSI benefits): age 30
Joe (receiving SSI benefits): age 35
Sally: age 10
Jimmy: age 5

Who is invited to complete a health screening?
Answer:

*Only Mary will be presented with the health screening questionnaire.*

*Joe, as well as the children, will not need to complete the health screening.*
A household comprised of two adults are applying for various programs.

Carlos: age 43 (applying for health care coverage)

Maria: age 35 (applying for home and community base services)

Who is invited to complete a health screening?
Answer:
Only Carlos will be presented with the health screening questionnaire.
Health Screening Channels

- Online Application using COMPASS
  - New Applications – Individuals
  - New Applications – Community Partners

- Paper Application
  - Faxed to CAO
  - Mailed In
  - Walk-Ins

- Online
  - FFM Referrals
  - Renewals
Examples for individuals determined eligible for Traditional MA.
Examples for individuals determined eligible for *Healthy PA Private Coverage Option*.
The screening tool is to help place individuals into an appropriate health benefit plan.

Individuals should answer the questions to the best of their knowledge. They do not need to call their doctors to obtain any documentation to complete the screen.

An individual may skip a question if not comfortable answering a question.

All information will remain confidential and only used to place an individual in a benefit plan.

A person can call the DPW Consumer Service Center (1-844-290-3448) for assistance in completing the screening.

Failure of an individual to complete the screen will not impact their eligibility for health care coverage.
Pennsylvania is currently operationalizing the *Healthy Pennsylvania* plan to increase access to quality, affordable health care for all Pennsylvanians.

To learn more about the Healthy PA plan visit [www.HealthyPA.com](http://www.HealthyPA.com)