

Risk Factors - Check All that Apply and Provide Explanation of How Child/Youth Exhibits Risk Factors

Adverse Events Risk:

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|--|--|---|--|
| <input type="checkbox"/> Member currently involved with mandated preventive services? Must specify date issued services and provider of service: | | <input type="checkbox"/> Member recently diagnosed with a terminal illness/condition within the last 6 months? Must specify condition and date diagnosed: | |
| <input type="checkbox"/> Member had recent inpatient/ED/psychiatric hospital/Detox within the last 6 months? Must specify name of institution and date of release: | | <input type="checkbox"/> Member received an initial Disability Determination (SSI or DOH Disability Certificate/letter) within the last 6 months? | |
| <input type="checkbox"/> Member recent out of home placement (foster care, relative, RTF, RTC, etc.) within the last 6 months? Must specify name of institution and date of release: | | <input type="checkbox"/> Released from jail/prison/juvenile detention, involved with probation, PINS, family court within the last 6 months? Must specify name program and date of release/court/probation: | |

Healthcare Risk:

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| <input type="checkbox"/> Member (or guardian) is unable to appropriately navigate the healthcare system for the member's chronic conditions? | <input type="checkbox"/> Member has not seen their provider (e.g., PCP, BH, etc.) in the last year? |
| <input type="checkbox"/> Member does not have a healthcare provider or specialist to treat a chronic health condition? | |

Social Determinants Risk:

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| <input type="checkbox"/> Current intimate partner violence/current family violence in the home of the member? | <input type="checkbox"/> Member has fewer than 2 people identified as a support by the member? |
| <input type="checkbox"/> Currently cannot access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc.? | <input type="checkbox"/> Member had a change in guardianship/caregiver within the last 6 months? |
| <input type="checkbox"/> Currently homeless (HUD 1, 2, or 4) & for transitional age youth, has no stable living arrangement (living with different friends/family)? | <input type="checkbox"/> Member is concurrently HH appropriate due to caregiver/guardian enrolled in HH? |
| | <input type="checkbox"/> Member (or caregiver, if member is a child) does not have needed benefits (SSI, SNAP, etc.)? |

Treatment Non-Adherence Risk:

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| <input type="checkbox"/> Member/care team member report of non-adherence? Must specify WHICH medication(s) and/or treatment(s) are involved: | | <input type="checkbox"/> Direct Referral from Managed Care Organization (MCO)? |
| <input type="checkbox"/> PSYCKES flag related to non-adherence or equivalent from RHIO or MCO? | | <input type="checkbox"/> Direct referral from Child Protective Services/ Preventive Services Program? |

Narrative

Provide any additional information that may be helpful in assignment to a care management agency:

Specify Preferred or Recommended Care Management Agency, if any: _____