Care Coordination Assessment Library

		Required By			Who		Member	Purpose				Content																	
Partnership Health Plan Assessment Library	**Notes/Explanation**	**State**	**NCQA**	**PHC**	**PHC**	**Provider**	**Population**	**Identify Health Status**	**Monitor**	**Referral**	**Case Manage**	**Preferred Language**	**Accomodations Needed**	**Dx Hx**	**Current Medications**	**Community Referrals**	**Additional Services**	**SDOH**	**Barriers**	**PCP Referral**	**Specialist Referral**	**Dental Referral**	**MH Referral**	**SUD Referral**	**Smoking Referral**	**School Issues**	**Safety**	**Age Specific Needs**
Individual Health Assessment (IHA)	Staying Healthy Assessment (SHA); Individual Health Education Behavioral Assessment (IHEBA); the assessment is for the provider to establish care, and develop a plan of care	x				x	New Members within 120 days	x	x			x	x	x	x	x	x	x			x	x	x	x	x		x	x
Health Information Form (HIF)	New member assessment / initial stratification tool for members without known risk	x	x		x		New Members within 90 days	x		x	x			x						x	x		x				x	
Access To Care Assessment	Identify any issues related to member access to benefit		x	x	x		Any members	x	x	x	x				x		x		x	x	x	x	x	x					
Transition of Care Assessment	Develop ICP to assist member in transitioning across continuum of care		x	x	x		Any members	x	x	x	x		x	x	x	x	x		x	x	x		x				x	
Early Intervention Assessment	Indepth assessment tool to identify need for early intervention or developmental delay		x		x		Children ≤18	x	x	x	x		x	x	x	x	x	x	x	x	x		x			x	x	
GTP Assessment	Initial stratification of pregnant woman		x	x	x		Pregnant members	x	x	x	x	x			x	x	x			x	x	x	x	x	x		x	
Edinburgh (Maternal Depression Screen)	Tool used to identify perinatal anxiety/depression		x	x	x		Perinatal Members		x	x	x					x			x				x				x	
Continuity of Care	Stratification to identify if continuity of care is needed		x	x	x		Any members	x		x	x			x	x				x	x	x							
Health Risk Assessment (HRA)	Assessment tool for Seniors and Persons with Disability Population	x	x		x		SPD	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x		x		x	x
Pediatric Health Risk Assessment	State mandated assessment for CCS population	x			x		Any member identified CCS Eligible	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Complex Case Management (CCM) - Adult	Indepth assessment tool to develop an ICP		x	x	x		High risk members ≥18				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Complex Case Management (CCM) - Perinatal	Indepth assessment tool to develop an ICP		x	x	x		High risk pregnant members				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Complex Case Management (CCM) - Peds	Indepth assessment tool to develop an ICP		x	x	x		High risk pediatric members <18				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
SPD Annual Re-Assessment	Re-stratification tool for yearly deep dive for SPD members	x	x		x		SPD	x	x	x	x		x	x	x	x	x		x	x	x		x					
Adult Complex Community Connections Assessment	Indepth assessment of psycho/social needs for members		x	x	x		Members with complex psychosocial needs			x	x	x	x			x	x	x	x	x	x	x	x	x	x	x	x	
ASQ-3 (Universal Screening for EI/DD)	Assessment to stratify children who may need early intervention for special needs (i.e.: speech) or developmental delays	x	x			x	Children <5			x			x			x	x		x		x				x		x
PM-160 (Well Child Assessment)	The PM-160 is no longer required by the State of California. This form was used to report and to bill for services	prior		prior		x	All children <21	x	x	x	x		x	x		x	x		x		x	x	x			x		x