

Deliverable for:
Core Standardized Assessment
8.1 Develop Questions for Level One Screen

New Hampshire
Balancing Incentive Program

Submission
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NH Balancing Incentive Program

Core Standardized Assessment

8.1 Develop Questions for Level One Screen

New Hampshire Balancing Incentive Program convened subject matter experts across the elderly and adult with physical disabilities, developmental disability, acquired intellectual disabilities, and mental health disciplines to develop questions for the Level One Screen. The overall intent was to develop a simple and straight forward screen that attained the necessary information to identify the reason why an individual is seeking information, to determine likelihood of Medicaid eligibility, and to specify an individual into 4 major inquiry categories:

- Mental Health Inquiries
- Developmental Disability Inquiries
- Elderly and Adults with Physical Disabilities Inquiries
- Youth with Long Term needs Inquiries

Upon completion of the screen, an individual will be contacted by an Eligibility Coordinator with general knowledge in all areas and specific knowledge in the area identified by the screen. The Level One questions developed by the subject matter experts are listed in the table below.

These questions were reviewed and approved by groups within NH DHHS. Beginning in January, the stakeholder committee will determine the best method for testing and evaluating the questions with consumers and providers throughout New Hampshire. Stakeholder and consumer collaboration will identify appropriate wording, definitions, and examples for each question as well as evaluate the effectiveness of the screen as a whole. Once testing is complete, the screen will be incorporated into all the NWD access points.

NWD Level One Screening Questions:

(Note: These questions are worded for someone inquiring about him/herself. The wording will be different for an individual completing the screen for someone else)

Question	Response Type	Response Options
1. I am seeking information/care for?	Select only one	<ul style="list-style-type: none"> - Self - Someone else (Please describe write-in)
2. Who do we contact for follow-up?	Fill-in	<ul style="list-style-type: none"> - Name - Physical Address - Phone Number - Email Address - Relationship
3. Please indicate any contact preferences.	Select one/Fill-in	<ul style="list-style-type: none"> - Phone, Email, Letter - Language Preference (Fill-in) - Hearing impaired accommodations
4. Fill in the following information for the person you are inquiring about.	Fill-in	<ul style="list-style-type: none"> - Name, Gender, Date of Birth - Town, ZIP
5. Your personal goals regarding the services/information you would like to receive are important to us. What goal would you like to achieve by completing this process?	Fill-in	<ul style="list-style-type: none"> - Free response
6. I am seeking information and/or assistance regarding...	Select all that apply	<ul style="list-style-type: none"> - Medical/Physical condition - A developmental condition - A mental health condition - An acquired intellectual condition - Other - Please Describe (Limited write in)

Question	Response Type	Response Options
7. My most pressing needs are.....	Select all that apply	<ul style="list-style-type: none"> - Assistance with personal care - Care management - Companionship - End of life care/hospice - In-home instructions for daily living - Mental health support - Medication management - Occupational therapy - Physical therapy - Speech therapy - Prescription drug assistance - Rehabilitation - Respite - Skilled nursing care - Other (Fill in)
8. What is your monthly gross income?	Select only one	<ul style="list-style-type: none"> - Options to be determined
9. What is the total of cash, money in checking and savings accounts, and investments owned by everyone in your household?	Select only one	<ul style="list-style-type: none"> - Less than \$2,500 - Between \$2,500 and \$25,000 - Between \$25,000 and \$50,000 - Greater than \$50,000
10. I have the following insurance resources....	Select all that apply	<ul style="list-style-type: none"> - Long term care - Medicaid - Medicare - Pay for services myself or with family help - Private insurance - Social security disability insurance (SSDI) - Uninsured - Veterans Administration