**Appendix C. Sample Survey Questions for Social Needs Screening Partners**

Multiple Must Pass Elements for Measure Year 2023 require CCOs to collect information from CBOs and DSN organizations. This includes:

* Screening Element 3. assess whether/where members are screened (Section 1, Worksheet C),
* Screening Element 6. identify screening tools or screening questions in use (Section 1, Worksheet E)
* Data Collection and Sharing Element 13. conduct an environmental scan of data systems used in your service area (Section 3, Worksheet A).

The sample survey questions below may be helpful for you when planning and conducting the systematic assessment, environmental scan, and data systems inventory, but it is not a required tool and can be adapted to meet the CCO needs. This data is not required to be submitted as part of the metric attestation.

A good starting point for conducting the environmental scan is to review the CCO Health information Technology (HIT) Roadmap. In addition, the screening practices component of the metric has three areas in the specifications where CCOs are expected to reach out to CBOs and provider organizations in the CCO’s DSN. These activities may be a combined effort, to allow for optimal efficiency.

**Sample Survey Questions for Social Needs Screening Partners**

1. Entity or organization type:

* CCO staff
* Provider organization from DSN table
* Community Based Organization
* Social service agency
* Other (social determinants of health and equity partner)

1. Entity or organization name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your organization screen patients, clients, or participants for housing, food, or transportation needs?

* Yes
* No

1. If yes, which ones?

* Housing
* Food
* Non-Medical Transportation

1. Where and when are patients, clients, or participants screened for these needs in your system?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How frequently is screening administered for each individual?

* Only once
* Annually
* Every 6 months
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who conducts screenings? (e.g., providers, Community Health Workers, clinic managers, CCO staff, other staff)

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1. What screening tools or questions does your organization currently use?

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1. What languages are these tools or questions available in?

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1. What systems and processes do you use to capture and share data about SDOH screening?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What systems and processes do you use to capture and share data about SDOH referrals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What standardized codes are being used to capture data about screening and referrals?

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