

Health Risk Assessment Checklist

Content must include	Reviewer: Date:	
	MET	COMMENTS
1. Assessment must include Language Access Tagline. Tagline must be no smaller than 18-point font.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Overall document font size must be no smaller than 12- point for regular print.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Assessment must be in easily understood language and format. 6 th grade reading level or lower using the Flesch-Kincaid readability scale.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assessment asks about:		
4. Contact information, member ID and demographic, such as age, gender, relationship status	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Physical health such as weight, height, blood pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Interpreter needs	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Preferred language	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Assistance obtaining transportation to appointments	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Primary care provider, date of last visit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Oral health, dentist, date of last visit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Behavioral health needs; experiencing anxiety, depression, stress; emotional / social support, abuse	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Substance use; tobacco (smoke, vape, and chew) and tobacco-like products (e-cigarettes, hookah pipes and cigars), alcohol, other drugs/substances	<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Prescriptions; any trouble taking them?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Social determinants of health; housing, food, safety, employment, school, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. General health questions; nutrition and exercise, diabetes, allergies, asthma,	<input type="checkbox"/> YES <input type="checkbox"/> NO	

pain, sleep, personal and family health history, pregnant, etc.		
16. Activities of daily living: Needing help with activities such as eating, getting dressed, grooming, bathing, walking, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Questions that identify need for Intensive Care Coordination - OAR 410-141-3870		
17. Are older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities;	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Are children ages 0-5: Are children with neonatal abstinence syndrome; Children in Child Welfare; Showing early signs of social/emotional or behavioral problems,	<input type="checkbox"/> YES <input type="checkbox"/> NO	
19. Have complex or high health care needs, or multiple or chronic conditions, or SPMI, or are receiving Medicaid-funded long-term care services and supports (LTSS);	<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. Have a Serious Emotional Disorder (SED) diagnosis;	<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. People with SUD in need of withdrawal management; Are in medication assisted treatment for SUD; Are IV drug users;	<input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Are women who have been diagnosed with a high-risk pregnancy;	<input type="checkbox"/> YES <input type="checkbox"/> NO	
23. Have HIV/AIDS or have tuberculosis;	<input type="checkbox"/> YES <input type="checkbox"/> NO	
24. Are veterans and their families;	<input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Are at risk of first episode psychosis, and individuals within the Intellectual and developmental disability (IDD) populations.	<input type="checkbox"/> YES <input type="checkbox"/> NO	