Health First COLORADO
Colorado's Medicaid Program

CNSI AND KEPRO ARE NOW
Acentra HEALTH

Questionnaire: Inpatient Hospital Transitions (IHT) Non-NICU Questionnaire

Non-NICU Questionnaire

1. This submission is for information regarding Post Admission Review: (Please select one.)
   - Upcoming Discharge
   - 30-Day Interval

   13.1. If this submission is for a 30-Day Interval, are you requesting assistance with discharge now? (Please select one.)

   - Yes
   - No

   13.1.1.1. Please explain:

2. Anticipated level of care upon discharge/transition? (Please select between 1 and 6 items.)

- ❑ Assisted Living Facility
- ❑ Home
- ❑ Home with Skilled Nursing
- ❑ Long Term Acute Care
- ❑ Slated Nursing Facility
- ❑ Other

2.7.1. Please explain:

3. Are there comorbidities and/or chronic conditions impacting the member's transition or discharge? (Please select one.)

    - Yes
    - No

    3.2.1. Please explain:

4. Are medication barriers a risk post discharge? (Please select one.)

    - Yes
    - No

    4.1.1 What types of barriers?
    (Please select between 1 and 11 items.)

    - ❑ Dependence on High Flow Oxygen
    - ❑ Financial Constraints
    - ❑ Frequent Changes in Medications
    - ❑ High Risk Medications
    - ❑ Knowledge Deficit
    - ❑ Logistical Challenges
    - ❑ Polypharmacy
    - ❑ Reduced Mobility
    - ❑ Transportation
    - ❑ Ventilator Dependence
    - ❑ Other

    4.1.1.12.1. Please explain:

5. Member is pending transition/discharge but has needs that may be a barrier to transition/discharge? (Please select between 1 and 14 items.)

    - ❑ Behavioral Health Needs

- ❑ Cognitive Disability
- ❑ Home Health
- ❑ Occupational Therapy
- ❑ Personal Care Services
- ❑ Physical Disability
- ❑ Physical Therapy
- ❑ Private Duty Nursing
- ❑ Skilled Nursing Need
- ❑ Speech Therapy
- ❑ Supplies
- ❑ Wound Care
- ❑ Other

5.15.1. Please explain:

6. Has the hospital identified a risk of readmission for the member? (Please select one.)
   - o Yes
   - o No

   6.1.1. Please explain:

7. Please provide any addition information for the RAEs not previously mentioned:

8. Point of Contact Name:

9. Point of Contact Hospital:

10. Point of Contact Phone Number:

11. Point of Contact Email: