

Privacy Act Notice for the Accountable Health Communities (AHC) Model

Privacy Act Notice – effective 5/22/2018

Your Provider participates in the **Accountable Health Communities Model**, a program that connects you with community and social service programs in addition to the health services you get from your health care provider. This includes programs that can help with housing, food, utilities, violence or transportation. We need to collect information about you to connect you with the right programs. Information we collect includes your name, Medicare and/or Medicaid identification numbers, and contact information.

Sharing information is your choice

Sharing your information is your choice, and won't affect the services you get from your health care provider. If you decide not to provide your information, your provider may not be able to connect you with community and social services through this program. Information you give will never be used for immigration enforcement.

How your information is used

You provider will share your information with the Centers for Medicare & Medicaid Services (CMS), the agency that administers the Accountable Health Communities Model. CMS may need to share your information with others, including:

1. Other federal, state and local government agencies (such as the Department of Justice);
2. Your authorized representative, if you have one;
3. A person or company hired by CMS to do official work; and
4. Anyone else as required or allowed by law.

You can learn more about how CMS handles your information at: www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html.

CMS is authorized to collect your information under Section 3021 of the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152). The Privacy Act System of Records Notice associated with this collection is the Master Demonstration, Evaluation, and Research Studies (DERS) for the Office of Research, Development and Information (ORDI), CMS System No. 09-70-0591, as amended, 72 Federal Register, 19705, Apr. 19, 2007. This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)).

Accountable Health Communities Model Screening Tool

First Name: _____ **Last Name:** _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address (if different):

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone (home): _____ **Phone (cell):** _____

Medicaid#: _____ **Medicare#:** _____

Information

1. Complete the following statement. I am answering this survey about ...

- Myself My child Another adult for whom I provide care
 Other (please describe your relationship to this person) _____

2. How many times have you received care in an emergency room (ER) over the last 12 months? *If you are in the ER now, please count your current visit. Please do not count urgent care visits.*

- 0 times 1 time 2 or more times

3. Do you live in any of the following locations?

- I live in an **assisted living facility** (this is a long-term care option that provides personal care support services such as meals, bathing, dressing, or medications)
 - I live in a **nursing home** (this is a long-term care option that provides 24 hours a day medical care that would not be possible in other housing)
 - I live in a **rehabilitation center** or **skilled nursing facility** (these are centers that help a person heal after illness or injury by providing treatments like physical, occupational, or speech therapy)
 - I live in an **in-patient recovery program** for a drug or alcohol problem
 - I live in a **psychiatric facility** (this is a health care facility providing treatment to those with behavioral or emotional illnesses)
 - I live in a **correctional facility** (such as a jail, prison, detention center, or penitentiary)
- Yes No

Living Situation

4. What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

5. Think about the place you live. Do you have problems with any of the following?

Choose all that apply

- | | |
|---|--|
| <input type="checkbox"/> Pests such as bugs, ants, or mice | <input type="checkbox"/> Lead paint or pipes |
| <input type="checkbox"/> Smoke detectors missing or not working | <input type="checkbox"/> Lack of heat |
| <input type="checkbox"/> Oven or stove not working | <input type="checkbox"/> Water leaks |
| <input type="checkbox"/> Mold | <input type="checkbox"/> None of the above |

Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

6. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true Sometimes true Never true

7. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true Sometimes true Never true

Transportation

8. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

- Yes No

Utilities

9. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes No Already shut off

Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.

10. How often does anyone, including family and friends, physically hurt you?

- Never Rarely Sometimes Fairly often Frequently

11. How often does anyone, including family and friends, insult or talk down to you?

- Never Rarely Sometimes Fairly often Frequently

12. How often does anyone, including family and friends, threaten you with harm?

- Never Rarely Sometimes Fairly often Frequently

13. How often does anyone, including family and friends, scream or curse at you?

- Never Rarely Sometimes Fairly often Frequently

Family and Community Support

14. How often do you feel lonely or isolated from those around you?

- Never Rarely Sometimes Fairly often Frequently

Background

Now we would like to know a little more about you.

15. What is your sex?

- Male Female

16. Are you Hispanic, Latino/a, or of Spanish origin?

Choose all that apply

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin

17. Which one or more of the following would you say is your race?

Choose all that apply

- American Indian/Alaska Native Asian
 Black or African American White
 Native Hawaiian/Other Pacific Islander Other (specify)_____

18. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
 Grades 1 through 8 (*Elementary*)
 Grades 9 through 11 (*Some high school*)
 Grade 12 or GED (*High school graduate, diploma, or alternative credential*)
 College 1 year to 3 years (*Some college, Associate's degree, trade, vocational, or technical school*)
 College 4 years or more (*College graduate*)

19. How many people do you currently live with?

Please count yourself, your spouse/partner, your children, and any other dependents. If you live alone, put 1.

number of people

20. What is your annual household income from all sources?

Please include your income as well as the income for everyone you counted above in your household.

- Less than \$10,000 \$25,000 to less than \$35,000
 \$10,000 to less than \$15,000 \$35,000 to less than \$50,000
 \$15,000 to less than \$20,000 \$50,000 to less than \$75,000
 \$20,000 to less than \$25,000 \$75,000 or more