

# Maine Opioid Misuse (MOM) Model Required Questions from the CMS Accountable Health Communities' (AHC) Health-Related Social Needs (HRSN) Screening Tool

<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

This is a list of questions that apply to the 6 MOM Model Required HRSN Domains: Living Situation, Food, Transportation, Utilities, Safety, Community and Family Supports

*If someone chooses an answer with an asterisk (\*), they might have an unmet need.*

## LIVING SITUATION

### 1. 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)\*

### 2. Think about the place you live. Do you have problems with any of the following?4 CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice\*
- Mold\*
- Lead paint or pipes\*
- Lack of heat\*
- Oven or stove not working\*
- Smoke detectors missing or not working\*
- Water leaks\*
- 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.*

### 3. 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

**4. 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**

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

- Yes\*
- No

#### **UTILITIES**

**6. 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 happen to a lot of people and affects their health, we are asking the following questions.*

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

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

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

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

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

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

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

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

*A score of 11 or more when the numerical values for answers to questions 7-10 are added shows that the person might not be safe.*

**FAMILY AND COMMUNITY SUPPORT**

**11. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?**

- I don't need any help
- I get all the help I need
- I could use a little more help\*
- I need a lot more help\*

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

- Never
- Rarely
- Sometimes
- Often\*
- Always\*

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