



AHCM Screener

User Entry in CRN Application

The following steps outline how to access the AHCM Screener through the CRN Application.

1. To access CRN please visit the application website at: <https://crn.stella-apps.com/>

2. In the Client Launch Pad, on the right hand side of your landing page, enter the Patients Last Name and Date of Birth and click search.

(Note: you do not need to add the / when entering the DOB)

Client Launchpad

CRN Search Calls & Walk-ins My Resources

Qstester

DOB (MM/DD/YYYY) *
07/20/1991

Phone/Email

Yes, I am authorized to access data in performing tasks related to Care Coordination for prospective CRN Clients

Search Cancel

3. On the right hand side of the page, select **Go To Case Record**

Matching Results for: Qstester 07/20/1991 Search Again

Potential Matches in CRN

9989799	20000104763	Jules Qstester	07/20/1991	8501	999-999-9999	crnme@qualityhealthnet.worklog	100 Main St.	Go To Case Record	Find Services
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Items per page: 20 1-1 of 1

Not above? See More Matches

4. From the Patient Profile Page select **Screeners & Assessments** from the **Case Activity** drop down menu.

CRN Client Search & Services Case Mgmt Tools Reporting & Analytics Admin Tools

Jeff Stoddart CRN

Client Launchpad

Jules Qstester
29 Years FEMALE DOB: 07/20/1991
CRN ID: 9989799 | No Consent 07/19/2021 | Household Members

Shared Client Profile My Case Work Case Activity Find Resources

Jules's OneView

- Case Summary
- Task Status & Case Notes
- Referrals
- Screeners & Assessments
- Eligibilities
- Care Plans
- Messaging & Alerts

Jules's Services Timeline

Jules's Care Team | Team Messages

Client Communications

Add Care Team Member

5. Select + Begin New Assessment

CRN Client Search & Services Case Mgmt Tools Lit Reporting & Analytics Admin Tools

Jeff Stoddart
Client Launchpad

Jules Qstester
29 Years FEMALE DOB: 07/20/1991
CRN ID: 99897799 | No Consent 07/19/2021 | Household Members (AA) (SD) Obtain Consent

Shared Client Profile My Case Work Case Activity Find Resources

Case Management >
Jules Qstester's Screeners & Assessments **Begin New Assessment** > Log / Upload Assessment

Most Recent | A-Z
Screeners/Assessments
Client Facing

6. From the Select Screener / Assessment Type drop down, select **AHCM Screening Tool**

Begin New Screener or Assessment

AHCM Screening Tool
ACE
CFSA_20

Jules Qstester
CRN ID: 99897799
DOB: 07/20/1991
FEMALE
100 Main St.
Grand Junction
CO 81501
999-999-9999
cnenne@qualityhealthnetwork.org

7. Click on **Continue**

Begin New Screener or Assessment

select screener / assessment type
AHCM Screening Tool

Continue Cancel

Jules Qstester
CRN ID: 99897799
DOB: 07/20/1991
FEMALE
100 Main St.
Grand Junction
CO 81501
999-999-9999
cnenne@qualityhealthnetwork.org

8. The screener questions will appear.

Please Note: All items with an * are required fields that must be filled out.

AHCM Screener: Screen Data Collection Form

Form for entering AHCM screeners captured using paper forms.
Note: the First Name, Last Name, Date of Birth and Gender values will be pulled from the CRN Client Registry.

Information

Patient has read and agreed to Privacy Act Notice. *

What language was the screener taken in? *

English
 Spanish
 Other

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

Myself My Child Another adult for whom I provide care Other

Phone Number (Home) Phone Number (Cell)

() _ - _
() _ - _

Email

() _ - _

Jules Qstester
CRN ID: 99897799
DOB: 07/20/1991
FEMALE
100 Main St.
Grand Junction
CO 81501
999-999-9999
cnenne@qualityhealthnetwork.org

9. The **Health Coverage Type** is a required field. But please note, If Medicaid or Medicare are selected, the Medicaid/Medicare Number is not required.

Health Coverage Type

Insurance Type * Medicaid#

Medicaid

10. If the patient meets the Requirements for Navigation, the Navigation options will appear at the bottom of the page. If "Yes" is selected, please make sure to enter a phone number.

Navigation

You may be eligible for free, local care coordination services. Care Coordinators can help you navigate local resources such as housing assistance, accessing affordable/free food, transportation to medical appointments, utility payment support and other resources you may not realize are available. Medicaid members are offered this benefit along with some Medicare members*.

Yes, please contact me at the number below.

Phone Number care coordinator should use to contact you:

() - - - -

No, I do not want to be contacted by a care coordinator

Submit

11. Once the questions are completed, click on the **Submit** button.

Background

15. How many people do you currently live with? Number of people:

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

16. What is your household income from all sources?

- Less than \$10,000 \$10,000 to less than \$15,000 \$15,000 to less than \$20,000
 \$20,000 to less than \$25,000 \$25,000 to less than \$30,000 \$35,000 to less than \$50,000
 \$50,000 to less than \$75,000 \$75,000 or more

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

17. What is the number of children in your household?

18. If you have children how many in each age group?

0-3 4-6 7-12 13-18 19-21

Submit

12. An error message will appear if you missed a required question.

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

16. What is your household income from all sources?

- Less than \$10,000 \$10,000 to less than \$15,000 \$15,000 to less than \$20,000
 \$20,000 to less than \$25,000 \$25,000 to less than \$30,000 \$35,000 to less than \$50,000
 \$50,000 to less than \$75,000 \$75,000 or more

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

17. What is the number of children in your household?

18. If you have children how many in each age group?

0-3 4-6 7-12 13-18 19-21

Submit x

Please check the form and correct all errors before submitting.

The missed question(s) will be highlighted in red so that it is easy to find.

AHCM Screener: Screen Data Collection Form
Forms for entering AHCM screeners captured using paper forms.
Note: the First Name, Last Name, Date of Birth and Gender values will be pulled from the CRN Client Registry.

Information

Patient has read and agreed to Privacy and Notice. *

What language was the screener taken in? *

English
 Spanish
 Other

What language was the screener taken in? is required

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

Myself My Child Another adult for whom I provide care Other

Phone Number (Home) Phone Number (Cell)

Email

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

13. Once submitted, you will be taken to the Patients **Screeners & Assessments** page where you can view the results of the AHCM Assessment by clicking on the most recent version on the left hand side of the page. **Note:** If consent has not be obtained for a patient, you will only see the screener(s) that your agency has given.

CRN Client Search & Services Case Mgmt Tools Reporting & Analytics Admin Tools

Jeff Stoddart QHN

Jules Qstester
29 Years FEMALE DOB: 07/20/1991
CRN ID: 99891799 | No Consent 07/12/2021 Obtain Consent Household Members BA SD

Client Launchpad

Shared Client Profile My Case Work Case Activity Find Resources

Case Management > Jules Qstester's Screeners & Assessments + Begin New Assessment > Log / Upload Assessment

Most Recent | A-Z

- AHCM Screener v2 QHN 07/12/2021
- AHCM Screener v2 QHN 07/12/2021
- QHN 06/30/2021
- AHCM QHN 09/15/2020
- AHCM CRN Admin 09/15/2020

14. The timeline will update with the screener information.

Jules Qstester
29 Years FEMALE DOB: 07/20/1991
CRN ID: 99891799 | No Consent 07/12/2021 Obtain Consent Household Members BA SD

Client Launchpad

Shared Client Profile My Case Work Case Activity Find Resources

Jules's OneView

Jules's Services Timeline

- Screener/Assessment: Screener...
- Screener/Assessment: Screener...
- Screener/Assessment: Screener...
- Referral: BetaTest Housing
- Referral: Quality Health Network
- Referral: BetaTest Housing
- Referral: BetaTest Housing
- Referral: BetaTest Housing
- Referral: BetaTest Housing
- Referral: BetaTest Food

Jules's Care Team | Team Messages

Client Communications

See Inactive Care Team Members

+ Add Care Team Member