



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

Last Name: Qntest

Date of Birth: 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 **AHCM Screener: In App**

Matching Results for: Qntest 07-20-1991 Search Again

Potential Matches in CRN

CRN ID	QHN HIE ID	First Last Name	Date of Birth	Zip Code	Phone Number	Email	Street Address
9989799	20000104763	Jules Qntest	07-20-1991	81501	999-999-9999	crnme@qualityhealthnet-work.org	100 Main St.

Go To Case Record Find Services

Items per page: 20

Flag as Possible Duplicate

AHCM Screener: Tablet

AHCM Screener: In App

Not above? See More Matches

4. If no patient exists, or the matching patient is not the one you are looking for click on **See More Matches**, to search Quality Health Network to see if patient is in the Health Information Exchange database.

Matching Results for: Home 01-01-1901 Search Again

Potential Matches in CRN

CRN ID	QHN HIE ID	First Last Name	Date of Birth	Zip Code	Phone Number	Email	Street Address
07711871	000008999708	GOODTOBE HOME	01-01-1901	81506	970-777-8675		764 HORIZON COURT

Go To Client Profile Find Services

Items per page: 20 1-1 of 1

Not above? **See More Matches**

- If multiple potential matches are found in the HIE, choose information that matches your client and click **Display Results**. If you are unsure, click on **Display Results**.

▼ Additional Results

Last name: Home DOB: 01/01/1901

4 Matching Records Found

There are multiple matches for this Last Name and DOB. To protect PHI, please select from the following fields to further identify this particular client:

Street Address	Contact Info
1984 K R***	*****1500
2600 PE*****	*****3370
3131 EL*****	*****0030
744 HOR*****	NONE

Display Results Back

- You will receive a list of potential patients. If the patient you are searching for is listed, click on the 3 dot menu on the right and select **AHCM Screener: In APP**. If the match is not the patient you are looking for click on **Create New Client** and follow prompts to enter patient into CRN.

Matching Results for: Home 01-01-1901 Search Again

Potential Matches in CRN

▼ Additional Results

QHN HIE ID	First/Last Name	Date of Birth	Zip Code	Phone Number	Street Address	Actions
200000483812	Lumber Comp Home	01-01-1901	80302	*****0030	2600 PE*****	Create CRN Case Find Services ⋮
200000484329	Mastered Home	01-01-1901	81506	*****1500	744 HOR*****	Create Flag as Possible Duplicate
200000993239	Masters Home	01-01-1901	81501	*****3370	1984 K R***	Create AHCM Screener: Tablet
200000992245	test Home	01-01-1901	98121	3131 EL*****	3131 EL*****	Create AHCM Screener: In App

Items per page: 20 1 - 4 of 4 < >

If this is still not the client you're looking for:

Create New Client Back

- If the patient is found and you select ACHM Screener: In App, the screener questions will appear. **Please Note:** All items with an * are required fields that must be filled out.



Jules QStester

CRN ID: 99891799
DOB: 07/20/1991
FEMALE
100 Main St.
Grand Junction
CO 81501
999-999-9999
cnenne@qualityhealthnetwork.org

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

8. 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 x

9. 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

10. 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

11. 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
Form for entering AHCM screeners captured using paper forms.
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Information

Patient has read and agreed to the Privacy Act Notice. *

What language was the screener taken in? *

English
 Spanish
 Other

Note: 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

12. 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 05/30/2021
- AHCM QHN 05/10/2020
- AHCM CRN Admin

13. The timeline will update with the screener information.

29 Years FEMALE DOB: 07/20/1991

Jules Qstester
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