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# Secure Provider Portal Overview: NC Care Needs Screening (CNS)\_V5



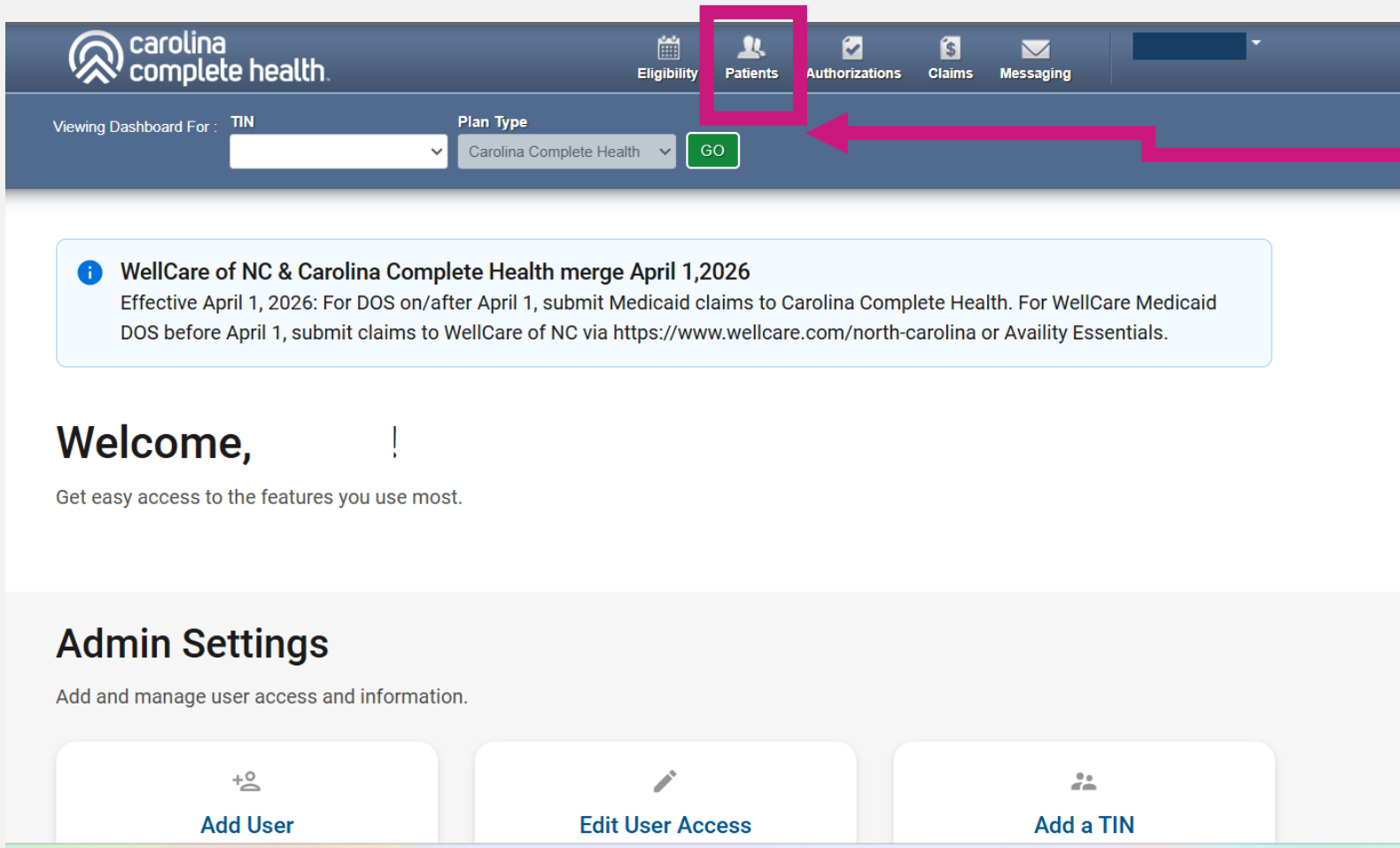
**HERE**  
FOR YOUR  
HEALTH

Confidential and Proprietary Information

# NC Care Needs Screening (CNS)\_V5

- The NC Care Needs Screening (CNS V5) is an individual member screening tool used to identify physical health, behavioral health, and social needs that may impact a member's health and well-being. One screening should be completed for each enrolled member, even when multiple family members live in the same household. The screening helps Carolina Complete Health identify members who may benefit from care management services, community resources, or other support programs.
- The form can be completed by:
  - The **member**
  - A **parent or guardian** (for children)
  - An **authorized representative**
  - A **caregiver or family member** acting on the member's behalf
  - Potentially a **Care Manager, Provider, or CCH staff member** during outreach

# Portal Home Screen



Select "Patients" from the Portal Banner

# Select Patient:

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Eligibility Patients Authorizations Claims Messaging

Viewing Patients For: TIN [ ] Plan Type Carolina Complete Health [ ] GO Find Patient

Patient List as of (mm/dd/yyyy) 06/03/2026 [ ] Download [ ] Filter

Only first 1500 records will be displayed. Use filters to view specific records.

This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

| Eligible | Preferred Language ↑ | Member Name ↑ | Member ID ↑ | Date of Birth ↑ | Phone Number ↑ | ALERTS | Redetermination Date ↑ |
|----------|----------------------|---------------|-------------|-----------------|----------------|--------|------------------------|
| Eligible | Arabic               | [REDACTED]    | [REDACTED]  | [REDACTED]      | [REDACTED]     | No HRA | Not Available          |
| Eligible | Arabic               | [REDACTED]    | [REDACTED]  | [REDACTED]      | [REDACTED]     | No HRA | Not Available          |
| Eligible | Arabic               | [REDACTED]    | [REDACTED]  | [REDACTED]      | [REDACTED]     | No HRA | Not Available          |
| Eligible | Arabic               | [REDACTED]    | [REDACTED]  | [REDACTED]      | [REDACTED]     | No HRA | Not Available          |
| Eligible | Arabic               | [REDACTED]    | [REDACTED]  | [REDACTED]      | [REDACTED]     | No HRA | Not Available          |
| Eligible | English              | [REDACTED]    | [REDACTED]  | [REDACTED]      | [REDACTED]     | No HRA | Not Available          |

# Patient Overview: Select Assessments

Back to Patient List

Overview

Cost Sharing

**Assessments**

Growth Chart

Health Record

NC Kids InCK Program

ADT

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

## Assessments

Please tell us about your patient's health

Previous Assessments

You have not told us about anything yet.  
Please fill out a form.

**NC Care Needs Screening\_V5**  
Please take a few minutes to fill out the assessment below.

Fill Out Now!

**InterRAI Intellectual and Developmental Disability (ID)-Adult**  
Please take a few minutes to fill out the assessment below.

Fill Out Now!

**Pediatric Non Complex Assessment**  
Please take a few minutes to fill out the assessment below.

Fill Out Now!

**Pediatric Mini Screener**  
Please take a few minutes to fill out the assessment below.

Fill Out Now!

**SDOH Closed Loop Assessment\_ALL v1**  
Please take a few minutes to fill out the assessment below.

Fill Out Now!

Select  
"Fill Out Now"

# Complete Form & Submit

The screenshot shows the 'NC Care Needs Screening\_V5' form. On the left is a navigation menu with options: Overview, Cost Sharing, Assessments (highlighted), Growth Chart, Health Record, NC Kids InCK Program, ADT, Care Plan, Authorizations, and Referrals. The main content area has a 'Back to Patient List' button and the title 'NC Care Needs Screening\_V5'. Below the title is the instruction 'Please take a few minutes to fill out the assessment below.' and the section header 'MEMBER INFORMATION'. The instructions state 'Please complete one screening for each member in the household'. The form includes several dropdown menus: 'Please choose the program the member is enrolled in:', 'Relationship to member', 'Why are you completing this screening today? Did you receive a:', and 'Preferred Language'. There is also a text input field for 'Name of the person completing the screening, if not the member:'.

This close-up shows the bottom portion of the form. It contains four more dropdown menus: 'discharged from a hospitalization due to confirmed coronavirus or due to travel?', 'Have you been tested for COVID-19 by a healthcare provider?', 'Have you recently been to the emergency department or admitted to hospital for COVID-19?', 'Do you have any medical or social needs related to COVID-19?', and 'Are you able to complete a virtual healthcare visit?'. At the bottom of this section are two buttons: a green 'Submit' button and a grey 'Cancel' button. A red arrow points from the top of the page down to the 'Submit' button.

Once the NC Care Needs Screening is submitted, Carolina Complete Health reviews the member's responses to identify any physical health, behavioral health, care coordination, or social needs. If needs are identified, the member may be contacted for additional assessment, referred to Care Management, or connected with appropriate community resources and support services. Urgent needs are prioritized for timely follow-up and intervention.