The paper form aligns with most required fields for OneHealthPort. For example, the end date is needed for the paper form but OneHealth Port does not require this date. OneHealthPort is the electronic platform used by the Lead Organizations to upload HAP data.

The focus of this training is on the changes to the HAP form. The hard cutover begins October 1, 2014 and Care Coordinators will be required to submit their HAPs which meet the new requirements.
Implementation

The Health Action Plan (HAP) form is revised to capture:

- Changes with data reporting by the Lead Organizations to OneHealthPort
- Changes in mandatory screenings
  - Addition of the Parent Patient Activation Measure (PPAM)
  - Addition of the Pediatric Symptoms Checklist – 17 (PSC-17) for Children ages 4 through 17 years of age

If the former paper form is being used it will not provide all of the data elements required by OneHealthPort Canonical Guide Version 2.0. Fields have been added which are covered in more detail in this PowerPoint.
This form is posted on the DSHS forms Website and the HCA’s Health Home Website. If your form does not have the August 2014 date at the bottom then you are using the wrong form.
The HAP Instructions are posted on the DSHS forms Website and the HCA’s Health Home Website. If your Instructions do not have the August 2014 date at the bottom then you are using the wrong form.
The revised HAP is located at the DSHS forms Website:
http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx

To access the form and Instructions go to the DSHS forms Website. When using the Search by Form field enter 10-481. To “Search for forms containing these words in the title” enter Health Action Plan and the form and Instructions will display.
The HAP and Instructions are also posted on the HCA Health Home Website. There are no plans at this time to translate the form and Instructions into other languages.
HAP Form

Changes to the Demographic Fields
A new data field has been added to capture the client’s gender.
New Data Field for Gender

Options for gender include:

- Male
- Female
- Unknown: check this field until the gender of the client becomes known
- Other: client does not identify as male or female
  - May be transgender male to female
  - May be transgender female to male
  - May not identify as either gender

These are the four gender categories used by OneHealthPort.
The field for “Reason for transfer or closure of the Health Action Plan” has been divided into two fields.
Reason for closure of the HAP provides four options:

- Beneficiary opted out
- Death
- Move to a county that does not have Health Home services
  - This would be King or Snohomish county
- No longer eligible
  - Lost Medicaid eligibility

Important note: When using this field also enter a HAP end date
Reason for Transfer of the HAP

Options are:
- Client choice to change CCO or Lead Organization
- Eligibility changed [change to/from Fee-For-Service (FFS) or Managed Care Organization (MCO)]

Important note: When using this field do *not* enter a HAP end date because the HAP is still in effect

Reason for transfer of the HAP contains two options:
- Client choice to change CCO or Lead Organization
- Eligibility changed (changed to/from FFS or MCO)
Again, when the HAP is transferring do not populate the HAP end date as the HAP is still in effect.
Diagnosis Field Changed

- The Diagnosis Field accepts diagnoses entered as text in a text field and diagnoses should be updated as needed

  - ICD-9 codes are optional
  - All diagnoses and chronic conditions should not be included in this field
  - Include only the diagnosis(es) pertinent to the HAP
HAP Form

Changes to Required Screenings
Initial Required Screenings Header changed

- Initial Required Screenings field change:
  - Initial/Annual HAP Required Screenings
    - The word “annual” is added to capture the 12 month cycle after the initial year of Health Home participation
    - The word “annual” is also added to pages 2 through 7
OneHealthPort contains a conditional field to indicate that a screening was not completed. This field will then require a written reason that the Care Coordinator could not collect the score.

Do not enter zero for a score when the screening is not administered. For example, with the Katz ADL screening a score of zero indicates that the client is very dependent on assistance needed with activities of daily living.
A conditional field has been added. If there is no score include a reason. Enter the date the screening was completed or attempted and not completed.

Remember to emphasize that the activation score and not the raw score are needed for the PAM, PPAM, and CAM. The activation level is also needed as it will guide the Care Coordinator in working with the client to develop goals and action steps. OneHealthPort does not require nor accept the activation level because the activation scores can be converted to activation levels by our data analysts.

Remember that we want the Level included on the HAP to guide the Care Coordinator while working with the client to develop goals and action steps that are appropriate for the client, parent, or caregiver’s level of activation.
The Parent PAM is actually measuring the biological, foster, or adoptive parent’s level of activation which will be key to working with children and their families.
OneHealthPort will no longer accept Patient Health Questionnaire-9 scores for beneficiaries under 18 years of age.
Changes to the Required Screenings: Pediatric Symptoms Checklist – 17 Added

- The PSC-17 is now required for children ages 4-17 years of age
- The form number is DSHS 10-509
- The form and instructions are posted on the HCA Website located at: http://www.hca.wa.gov/Pages/health_homes.aspx

DSHS developed a PSC-17 screening form adapted from the Massachusetts General Hospital, originally developed by M. Jellinek et al. in 1988. It may be reproduced freely, as may the forms on the Massachusetts General Website. Care Coordinators are not required to use the DSHS form, it is offered as an option and was designed for ease in completing and scoring. The DSHS form includes the same questions in the same order as the PSC-17 located on the Massachusetts General Website.

The Youth PSC-17 tool will not be used because its validity has not yet been proven. The Youth PSC-35 has been validated but Health Homes will not administer this questionnaire. However, children ages 13 through 17 years of age may complete the questionnaire developed by DSHS for the PSC-17 as there is no separate Youth PSC-17 form created by DSHS.
The biological, foster, or adoptive parent or the child may complete the tool and the Care Coordinator calculates the score. Children must be at least 13 years old to complete the tool. You may enter this score in lieu of the parent’s score. Use your judgment and knowledge of the parent and their preferences in determining who should complete the questionnaire. If no one agrees to complete the questionnaire then indicate that the PSC-17 was not administered and enter the reason in the text field. Include the date the screening was attempted. Do not enter a zero (0) for the score.

If a child completes the PSC-17 please indicate in the comment box that the PSC-17 was completed by the child. You may also want to add a narrative in your medical file or electronic health record as to who completed the PSC-17 and the reason it was not completed by the parent.

If a foster parent is uncooperative the Care Coordinator should contact Children’s Administration (CA) to discuss the lack of cooperation on the part of the foster parent with the CA social worker. The CA social worker may complete the PSC-17 or work with the foster parent to have it completed.

If someone other than the biological, adoptive, or foster parent or child completes the PSC-17 enter the score in the PSC-17 field and state in the comment box who completed the questionnaire.
The form and Instructions are available on the DSHS forms Website by searching by form number or by words in the title (10-509 or Pediatric Symptoms Checklist).

An overall score of 15 or higher indicates the need for additional screening and assessment by a qualified mental health or medical professional. If the child has a score under 15 yet score heavily on one of the subscales the Care Coordinator may want to share this information and discuss if further assessment may be helpful. Care Coordinators should be instructed that the PSC-17 is not a diagnostic tool. The children and/or the parent determine if they will pursue additional screening and assessment by a qualified mental health or medical professional.
The Instructions contain a link at the bottom of the page to the Massachusetts General Website.
DSHS will not translate the PSC-17 so access the Massachusetts General Website for translations of the tool.
Of course, the parent or guardian must provide written consent to release the results of the screening for children under the age of 13.

The PowerPoint for the PSC-17 will be posted to the DSHS Website following the training.
HAP Form

Changes to the Optional Screenings
Changes to All of the Optional Screenings

A date field is added for all of the optional screenings
Changes to the AUDIT Field

- Field to indicate if the screening was completed is removed
- Field to indicate if the screening resulted in a referral is removed
- A field for the Alcohol Use and Dependence Identification Test (AUDIT) score is added
  - The field now allows for a maximum score of 10
The image is of the AUDIT assessment tool contained in the basic training manual.
Click the link to Ongoing Training to access the PowerPoint.
HAP Form Instructions
Clarifications on How to Complete
Dates of the HAP

- **Begin date:** enter the date the Care Coordinator initiates the HAP
  - The HAP does not have to be completed by this date as it may take more than one visit to complete all of the screenings and develop goals and action steps
  - The begin date and opt in date are the same for the initial (first) HAP
  - The begin date for the second and subsequent years is the same month and day as the initial HAP begin date
Example of HAP Dates

HAP Dates Flowchart

These graphics are included in the Instructions.
Dates of the HAP

• **End date:**
  – Enter the date for the end of the 365 day cycle
    • For example, if the begin date is September 25th the end date would be September 24th of the following year. The date is not prepopulated, it is left blank and entered at the end of the 12 month cycle; OR
  – Enter the date when the client:
    • Opt out – no longer wants Health Home services
    • Dies
    • Moves to a county that does not offer Health Home services (i.e. King or Snohomish county)
    • Is no longer eligible for Medicaid

Remember to check the appropriate box in the Reason for closure of the HAP field if the HAP is closed before the end of the 12 month cycle for any of the reasons listed above
The Opt In date remains the same even if the client leaves and re-enters the program. The begin date of the HAP will change as a new one-year cycle begins or the client re-enters the program, for example, because they left the state for a period of time.
PAM Requirements

- A PAM is required for clients ages 18 years and over when appropriate
- A CAM may be administered when a PAM cannot be administered to the client due to cognitive or intellectual impairment
- A CAM may be administered in addition to the PAM when appropriate
This graphic of an infant serves as a reminder that with children we are measuring the parent’s level of activation and motivation. Obviously most children could not complete a PAM. If a PPAM cannot be administered do not enter any number, including a zero, in the activation score field. Explain the reason that the PPAM was not administered. A CAM may be administered as an optional screening but it does not meet the requirement for the PPAM screening for children.
HAP Form

Review of the Short Term Goal/s and Action Steps
The HAP is a living document which changes with the client. All contacts are an opportunity to check on the client’s progress with the action steps and update the HAP. Updating the HAP once a trimester is a minimum requirement.
Short Term Goals and Action Steps

Any short term goal and action steps may be carried over to the next four month period. They may also be carried over and revised to reflect current health conditions and client’s motivation.
HAP Form

Summary
Gender options include:
• Male
• Female
• Unknown: use until the gender of the client is known
• Other: may not identify as male or female, may identify as transgender

If “unknown” or “other” is selected the AUDIT score will not be used in the OneHealth Port database as gender correlates with the score. Males and females have different scores of what is considered a healthy level of alcohol consumption.
Changes to the Reason or Closure of the HAP

- The form now has one field to capture the reason the HAP was *closed*
  - The date the HAP was closed must be entered into the HAP End Date field
- The form now has one field to capture the reason the HAP was *transferred*
  - Do not enter a HAP End Date as the HAP is still in effect and not closed
Deleted Fields

Opt-out Date is removed. Instead the Care Coordinator will check the reason for closure of the HAP when a HAP ends prior to the end of the year cycle and enter that date into the HAP End date field.

*Do not enter an end date when the HAP is being transferred*
Diagnosis Field Changed

- The field now accepts text entry of the diagnosis or diagnoses pertinent to the HAP
- ICD-9 codes are optional
New Required Screening

The PPAM has been added and is required for children under 18 years of age.
New Required Screening

PSC-17 is now required for children ages 4 to 17 years of age

PHQ-9 is now required for clients starting at 18 years of age and older
Changes to Fields of the HAP

The HAP now requires that a Care Coordinator indicates when a required screening was not completed and requires that a reason is entered in to the text field following the date and score fields.

*Conditional formatting: if a screening is not completed then enter the reason*

So you either enter a date and score or indicate that the score could not be collected and enter a reason and the date the assessment was offered. Care Coordinators should make attempts to administer the screening tools at subsequent visits.
AUDIT is still an optional screening, however, the data fields have changed.

**AUDIT** screening no longer requires that the Care Coordinator indicate if the screening was administered *and* if the screening resulted in a referral.

**AUDIT** now requires that a score is entered when administered.
HAP Form

Best Practices and Tips
Tips on Scoring Screenings

- Make sure the PAM, CAM, and/or PPAM activation scores are entered correctly and the appropriate Level of Activation is reported.

Note: the raw score and the activation score are not the same. The activation score is what is required and may include a decimal point. Activation Levels are categorized as Level 1, 2, 3, or 4.
For example, if a client is a Level One the Care Coordinator may complete more of the action steps and use it as an opportunity to demonstrate skills, such as how to leave a message for a physician, schedule an appointment, or speak with a pharmacist. A client at a Level Four may simply be encouraged to research on the Internet to locate a physician in their area and read reviews about the physician.
Where to Turn for Further Information

• Your Lead Organization/s

• The Health Care Authority Website:
  http://www.hca.wa.gov/Pages/health_homes.aspx

• The DSHS Website:
  http://www.altsa.dshs.wa.gov/stakeholders/duals/
This is a screen shot of the HCA Website.
This is a screen shot of the DSHS Health Home Website.
This training is optional for health home care coordinators. Please print this slide then sign and date it after reviewing all of the slides and speaker’s notes. Your supervisor should sign to verify completion of this training. Please retain a copy for your records.