



The Health Action Plan

HAP Form DSHS 10-481 and Instructions:
October 2014 Revisions to the Form

 HealthPath
Washington

September 2014

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.

The Revised HAP

 Health Action Plan (HAP) 										CLIENT'S FIRST NAME	CLIENT'S LAST NAME	DATE	RECEIVED	UNRECEIVED	DATE	DATE OF BIRTH	RECEIVED ONE CLIENT ID												
CLIENT'S HOMELESS DESCRIPTION: _____ CLIENT'S COORDINATOR DESCRIPTION: _____ CLIENT'S COORDINATOR'S NAME: _____ CLIENT'S COORDINATOR'S PHONE: _____ REASON FOR ESCAPE OF THE HAP: <input type="checkbox"/> Beneficiary Outed Out <input type="checkbox"/> Move to a county that does not have Health Home services <input type="checkbox"/> Death <input type="checkbox"/> No longer eligible										REASON FOR TERMINAL OF THE HAP: <input type="checkbox"/> Client choice to change COO or Lead Organization <input type="checkbox"/> Eligibility changes (change from PPS or MCO)																			
CLIENT'S CONTACT INFORMATION:										CLIENT'S CONTACT INFORMATION:																			
Initial / Annual HAP Required Screenings										Four Month Update Required Screenings										Eight Month Update Required Screenings									
SCREEN	DATE	SCORE	LEAD	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE	LEAD	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE	LEAD	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE	LEAD	IF NOT COMPLETE, EXPLAIN										
RAI					RAI					RAI					RAI														
CAI					CAI					CAI					CAI														
PAI					PAI					PAI					PAI														
NAI IDL					NAI IDL					NAI IDL					NAI IDL														
PAI-G					PAI-G					PAI-G					PAI-G														
PAI-T					PAI-T					PAI-T					PAI-T														
SAI					SAI					SAI					SAI														
OPTIONAL SCREENING SCORES										OPTIONAL SCREENING SCORES										OPTIONAL SCREENING SCORES									
SCREEN	DATE	SCORE								SCREEN	DATE	SCORE								SCREEN	DATE	SCORE							
DIAT										DIAT										DIAT									
SD-T										SD-T										SD-T									
SD-T										SD-T										SD-T									
FLU										FLU										FLU									
FLU										FLU										FLU									
FLU										FLU										FLU									
OPTIONAL COMMENTS										OPTIONAL COMMENTS										OPTIONAL COMMENTS									

Card to return (if by address)

PAGE 1

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 Revised HAP Instructions

HEALTHHOME
Health Action Plan
Instructions

The Health Action Plan (HAP) is completed for each client upon assignment to a Care Coordination Organization (CCO) for the health home program. The HAP provides the documentation of the care plan developed by the Care Coordinator, the client, the parent, and/or their caregiver. The HAP is established for one assignment year with three counts representing a four month time period ranging from 120 to 123 days.

The Health Action Plan establishes:

- a. Client identified goals (Long Term and Short Term);
- b. Prioritized action steps for the client, their personal care worker or caregiver, collaborator, the Care Coordinator, and other health or social service care providers.

The Health Action Plan is updated and modified as needed by the Care Coordinator monthly with each contact, when necessary to support a care transition, and when a client opt-out of the Health Home program. The Health Action Plan is also updated and modified as needed according to:

- a. A change in the client's condition;
- b. New immediate goals to be addressed through the Health Home program; or
- c. Resolution of goals or action steps.

Documentation of face-to-face client visits, collaborator contacts, consultations, telephone calls, or provider visits are documented in the Care Coordination Organization's client file or medical record.

HAP FORM #HSD-001 FOR COMPLETION

Client's First Name: Enter the first name of the client.

Client's Last Name: Enter the last name of the client.

Gender: Check the appropriate box. Check unknown until the gender of the client is known. Check other if the client does not identify as male or female, for example, identifies as transgender male to female or transgender female to male.

Date of Birth: Enter the client's date of birth.

ProviderOne Client ID: Enter the ProviderOne client identification number (8 digits followed by N/A).

Health Home Lead Organization: Enter the name of the Lead Organization.

Health Home Lead Organization Telephone Number: Enter the number the client calls to talk with a Lead Organization client representative.

Care Coordination Organization: Enter the name of the Care Coordination Organization.

Care Coordinator's Name and Telephone Number: Enter the name of the Care Coordinator and their contact number.

Begin Date of HAP: Enter the date the Care Coordinator initiates the HAP. For the first year, the initial HAP Begin Date and OAHN Date are the same.

End Date of HAP: Enter the End Date when the Eight Month Update period ends. If the client leaves the program before the end of the 12 month cycle (i.e. date is no longer eligible) enter the date the client leaves the program. Do not enter an end date if the client remains enrolled and moves or changes their Lead Organization or CCO.

Date Opted In: Enter the date the client agrees to participate in the HAP, signs the consent form, and begins the development of the HAP with the Care Coordinator. This date becomes the client's anniversary date. It triggers the start of a new HAP for the next HAP reporting year.

DSHS 16-401 (REV. 08/2016)

INSTRUCTIONS PAGE 1 OF 4

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

The revised HAP is located at the DSHS forms Website:

<http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx>

The screenshot shows the 'DSHS Forms' website. At the top, there is a banner with 'ASD' and 'Office of Information Services'. Below this is a navigation bar with links: 'ASD HOME', 'ASD ORGANIZATION', and 'CONTACT ASD'. A link for 'FORMS Home Page' is also present. The main content area is titled 'DSHS Forms'. It features three search criteria: 'Search by Form No.' with a text input field, 'Search for forms containing these words in the title' with a text input field, and 'Search by language' with a text input field. To the right, there is a 'Search in Programs' dropdown menu with options: ADS, Agency, ALTSA, BCCU, BHSIA, and Budget. Below the search fields, it says 'Number of forms in this list: 30' and has 'Search' and 'Clear' buttons. A note states 'Use the Clear Button before beginning a new form search'. At the bottom, there is a table header with columns: 'FORM NO.', 'FORM TITLE', 'FORMAT', 'REVISED', 'AC DATE', and 'PROGRAM'.

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 Revised HAP

The revised HAP is located at the HCA Website:
http://www.hca.wa.gov/Pages/health_homes.aspx

The screenshot displays the Washington State Health Care Authority website. The main content area is titled 'HEALTH HOMES' and includes a search bar, social media links, and a list of links. A red arrow points to the 'HEALTH HOMES' link in the left sidebar. The main content area also includes a definition of a health home, a list of links, and a section for 'HEALTH HOMES' with a list of links. The page number '6' is visible in the bottom left corner. Logos for HealthPath Washington, Washington State Health Care Authority, and the Department of Health are in the bottom right corner.

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

New Data Field for Gender



CLIENT'S FIRST NAME [REDACTED]	CLIENT'S LAST NAME [REDACTED]	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE OF BIRTH [REDACTED]	PROVIDER ONE CLIENT ID [REDACTED]
HEALTH HOME LEAD ORGANIZATION [REDACTED]			HH LEAD ORGANIZATION PHONE [REDACTED]	
CARE COORDINATION ORGANIZATION [REDACTED]	CARE COORDINATOR'S NAME [REDACTED]		CARE COORDINATOR'S PHONE [REDACTED]	

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.

Closure or Transfer of the HAP Expanded to Two Fields

 Health Action Plan (HAP)				CLIENT'S FIRST NAME	CLIENT'S LAST NAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	DATE OF BIRTH	PROVIDER ONE CLIENT ID
DATE OF HAP: BEGIN		END	DATE OPTED IN	HEALTH HOME LEAD ORGANIZATION		HH LEAD ORGANIZATION PHONE		
REASON FOR CLOSURE OF THE HAP		CARE COORDINATION ORGANIZATION		CARE COORDINATOR'S NAME		CARE COORDINATOR'S PHONE		
<input type="checkbox"/> Beneficiary Opted Out <input type="checkbox"/> Death		<input type="checkbox"/> Move to a county that does not have Health Home services <input type="checkbox"/> No longer eligible		REASON FOR TRANSFER OF THE HAP <input type="checkbox"/> Client choice to change CCO or Lead Organization <input type="checkbox"/> Eligibility changed (change to/from FFS or MCO)				

Reason for Closure of the HAP

Reason for Transfer of the HAP

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

Options are:

- 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 closure of the HAP provides four options:

- Beneficiary opted out
- Death
- Moved to a county that does not have Health Home services
- No longer eligible

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)

Opt-Out Date Field Removed

- The Opt-Out Date field is removed as this is captured by indicating
 - The reason for the closure of the HAP; and
 - The end date of the HAP



Washington State Department of Social & Health Services		HealthPath Washington		Washington State Health Care Authority	
Health Action Plan (HAP)					
DATE OF HAP BEGIN: <input type="text"/> END: <input type="text"/>		Reason for transfer or closure of health action plan:			
DATE OPTED IN: <input type="text"/>		<input type="checkbox"/> Beneficiary opted out			
DATE OPTED OUT: <input type="text"/>		<input type="checkbox"/> Moved			
CLIENT INTRODUCTION: <input type="text"/>		<input type="checkbox"/> No longer eligible			
CL (PERTINENT TO HAP): <input type="text"/>		<input type="checkbox"/> Client choice to change			
		<input type="checkbox"/> Death			
		<input type="checkbox"/> CCO or Lead Organization			
		CLIENT'S LONG TERM GOAL: <input type="text"/>			

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




HealthPath
Washington

Changes to Required Screenings

Initial Required Screenings Header changed

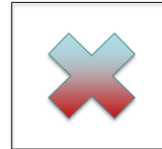
- Initial Required Screenings field change:
 - Initial/**Annual** HAP Required Screenings
 - The word “annual” is added to capture the 12 month cycle after the initial year of Health Home participation
 - The word “annual” is also added to pages 2 through 7



Initial / Annual HAP Required Screenings			
SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN
PAM		/ /	
CAM		/ /	
PPAM		/ /	
K89 AOL			
PHQ9			
PHQ-17			
BMI			

Changes for All of the Required Screenings

If a client, parent, foster parent, guardian, or caregiver is unable or unwilling to complete a required screening the HAP now has a field to enter text to provide the reason the score could not be collected




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.

Changes to the Required Screenings

- Fields are added to capture the date
- Fields are redesigned for the activation score and the activation level
- Field is added to explain why a screening was not completed



SCREEN	DATE	SCORES / LEVEL	IF NOT COMPLETE, EXPLAIN
PAM			
CAM			
PPAM			
Katz ADL			
PHQ-9			
PBC-17			
BMI			

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.

Changes to the Required Screenings: Parent Patient Activation Measure

The Parent PAM is added and is required for children under 18 years of age



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.

Changes to the Required Screenings: PHQ-9



- The PHQ-9 is now required for clients ages 18 years and older
 - It was age 16 but the Pediatric Symptoms Checklist -17 (PSC) is replacing this screening for 16 and 17 year-olds

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 PSC-17: DSHS form 10-509

Pediatric Symptoms Checklist (PSC-17)		Date
Caregiver/Parent/Child Name	Date	PSC-17 Score
1. Feels sad, unhappy	Yes No Don't Know	PSC-17 Score
2. Feels hopeless	Yes No Don't Know	
3. Is afraid of self	Yes No Don't Know	
4. Worries a lot	Yes No Don't Know	
5. Seems to be feeling less fun	Yes No Don't Know	PSC-17 Score
6. Feels unable to do all	Yes No Don't Know	
7. Does things too much	Yes No Don't Know	
8. Does things too little	Yes No Don't Know	
9. Has trouble concentrating	Yes No Don't Know	PSC-17 Score
10. Is as if I don't know	Yes No Don't Know	
11. Talks with other children	Yes No Don't Know	
12. Does not listen to rules	Yes No Don't Know	
13. Does not understand other people's feelings	Yes No Don't Know	PSC-17 Score
14. Teases others	Yes No Don't Know	
15. Gets into fights with other children	Yes No Don't Know	
16. Bully to others	Yes No Don't Know	
17. Teases things that do not belong to him/her	Yes No Don't Know	PSC-17 Score
Total Score		
If score of 5 or higher may indicate the need for an assessment by a qualified medical or mental health professional.		
Date of screening		

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.

PSC-17 Instructions

Instructions for Scoring the Pediatric Symptom Checklist - 17 (PSC-17)

What is the PSC-17?

The Pediatric Symptom Checklist (PSC) is brief screening questionnaire that is used to improve the recognition and treatment of psychological problems in children ages 4 to 17 years. It is used in place of the PHQ-9 for health home beneficiaries within this age group. Health home beneficiaries ages 18 years and older are screened for psychological issues using the Patient Health Questionnaire - 9 (PHQ-9).

What is the purpose for administering the PSC-17?

The PSC-17 should not be considered a diagnostic tool. Its purpose is to alert parents and guardians of potential behavior issues and encourage them to pursue further evaluation by a qualified medical or mental health professional. Review of the scoring of the PSC-17 can provide an opportunity for Care Coordinators, family members or guardians, caregivers, and the child to discuss development of the Health Action Plan (HAP) with goals and actions steps developed to address some of the moods and behaviors the child may be exhibiting.

Is consent needed to administer or release the PSC-17?

Consent is not required by the biological, adoptive, or foster parent for children ages 13 years and older to self-administer the PSC-17. Written consent is required by the parent or representative to release the questionnaire results for children under the age of 13 years. Children ages 13 years and older must provide written consent to release the results of the questionnaire.

Who completes the PSC-17?

The checklist is completed by the biological, adoptive, or foster parent, or guardian on behalf of the child. Children ages 13 or older may complete the questionnaire. The person who completes the questionnaire should check the box that best describes the frequency of current moods or behaviors listed on the form.

What is the scoring for the PSC-17?

The values for scoring the 17 responses are: Never = 0 (zero) points. Sometimes = 1 point. Often = 2 points.

The Care Coordinator tallies the score and enters the date and total score on the HAP. If a question is unanswered or left blank, it is scored as a 0 (zero). Four or more responses left blank invalidate the questionnaire and the total score is not entered on the HAP. If the family member or guardian is unable or declines to complete the questionnaire or the questionnaire is invalidated, leave the score blank (do not enter a zero for the score) and note the reason that the questionnaire was not completed or invalidated on Page 1 of the HAP.

How is the PSC-17 interpreted?

A total score of 16 or more points may indicate the need for a referral to a qualified medical or mental health professional. The responses and score should be reviewed and discussed with the person who completes the questionnaire. With proper written consent the results of the questionnaire may be released to other mental and/or medical healthcare providers. The PSC-17 contains subscales for internalizing behavior, externalizing behavior, and attention. These subscale scores are not recorded on the HAP but may be reviewed with the person completing the questionnaire.

Where can I find further information about the PSC-17?

For further information about the PSC, visit the Massachusetts General Hospital website at:
<http://www.massgeneral.org/patient-services/our-score.aspx>

PSC-17
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INSTRUCTIONS

The Instructions contain a link at the bottom of the page to the Massachusetts General Website.

PSC-17 Translations

Visit the Massachusetts General site for translations of the PSC-17 located at:

http://www.massgeneral.org/psychiatry/services/psc_home.aspx



DSHS will not translate the PSC-17 so access the Massachusetts General Website for translations of the tool.

PSC-17

- Written consent must be obtained for children age 13 and older prior to releasing the results of the questionnaire
- A Webinar on administering the PSC-17 will be provided on September 11, 2014 at 9:00
- Register at: <https://www2.gotomeeting.com/register/213625202>

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



OPTIONAL SCREENING SCORES		
SCREEN	DATE	SCORE
DAST		
GAD-7		
AUDIT		
FALLS RISK		
PAIN		

☐ FLACC ☐ FACES ☐ NUMERIC

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 AUDIT Assessment Tool

WASHINGTON STATE
Department of Social and Health Services
DSHS 10-010

ALCOHOL USE QUESTIONS (AUDIT)

Drinking alcohol can affect your health and your daily life. Please help us assist you by answering the questions below.

One drink equals:

12 oz beer 5 oz wine 1.5 oz 40% (80) proof

Place an X in one box that best describes your answer to each question.

In the past 12 months...	0	1	2	3	4
1. How often do you have a drink containing alcohol?	<input type="radio"/> Never	<input type="radio"/> Monthly or less	<input type="radio"/> 2 to 4 times a week	<input type="radio"/> 2 to 3 times a week	<input type="radio"/> 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="radio"/> 1 or 2	<input type="radio"/> 3 or 4	<input type="radio"/> 5 or 6	<input type="radio"/> 7 or 8	<input type="radio"/> 9 or more
3. How often do you have 5 or more drinks on one occasion?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
5. How often during the last year have you felt so drunk that you were nearly or completely out of control?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
7. How often during the last year have you had a hangover or felt unwell after drinking?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/> Never	<input type="radio"/> Less than monthly	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily or almost daily
9. Have you or someone else been injured because of your drinking?	<input type="radio"/> No	<input type="radio"/> Yes, but not in the last year	<input type="radio"/> Yes, during the last year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/> No	<input type="radio"/> Yes, but not in the last year	<input type="radio"/> Yes, during the last year		
Add together each column, then add across the row.					
					TOTAL
Date: _____					

The image is of the AUDIT assessment tool contained in the basic training manual.

Want More Information on the AUDIT?

Visit the DSHS Health Homes Website for a PowerPoint presentation on the AUDIT and DAST:

<http://www.altsa.dshs.wa.gov/stakeholders/duals/>



Click the link to Ongoing Training to access the PowerPoint.



HAP Form Instructions

Clarifications on How to Complete



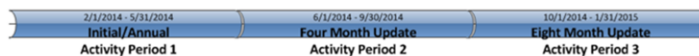
HealthPath
Washington

Dates of the HAP

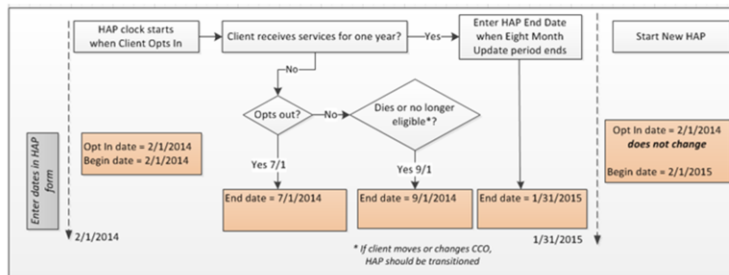
- Begin date: enter the date the Care Coordinator initiates the HAP
 - The HAP does not have to be completed by this date as it may take more than one visit to complete all of the screenings and develop goals and action steps
 - The begin date and opt in date are the same for the initial (first) HAP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

Example Opt In date 2/1/2014



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:
 - Opts 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

Date Opted In

Enter the date when these three conditions have been met:

1. The client accept services
2. The client signs the consent form
3. The client and Care Coordinator *begin* to develop the HAP



NOTE: for the first year the Opt In date and HAP begin date are the same. The Opt In date does not change and only happens once

The Opt In date remains the same even if the clients 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

PAM Requirements cont.

A PPAM must be completed by the parent, adoptive parent, or foster parent for children under the age of 18 years



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

Short Term Goals and Action Steps

- The long term and short term goal/s must be reviewed at least once during each four month period
 - If a short term goal ends check the appropriate outcome:
 - Completed
 - Revised
 - No longer pertinent – life or health change
 - Revised
 - Client request to discontinue

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



Fields added to the HAP:

Gender: select one of four options

Reasons for Closure or Transfer of the HAP
is been expanded and separated into two fields

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.

Changes to Fields of the HAP

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.

AUDIT is still an optional screening, however, the data fields have changed.



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.

Best Practices



- Make certain that the goals and action steps align with the PAM level
- Limit the number of goals and action steps so the client and collaterals will be able to succeed. If a goal is not achievable it may indicate the need to simplify or convert the goal to more than one goal and/or create action steps that are a reflection of the activation level of the client.

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/>






The HCA Website



Health Benefits ▾Agency Programs ▾Health Care Reform ▾Employment

Search this site... 

HEALTH HOMES

 Print  Email  Bookmark & Share

Agency Information

About HCA ▾

Contracts and Grants

Agency Reports

Budget Information

FAQs

Payment Delivery and Reform

Health Homes

Medical Homes

Projects and Initiatives

ProviderOne Phase 2

Health Information Technology

Tribal Affairs

Leapfrog

Hours of Operation

Contact the HCA

What is a Health Home?

Health Homes provide integration - or close coordination of primary and behavioral health/substance use services. They are most commonly, but not always, focused on serving individuals with one or more chronic health conditions. As defined by the Centers for Medicare and Medicaid Services, a health home provides six specific services beyond the clinical services offered by a typical primary care provider:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care and follow-up
- Patient and family support
- Referral to community and social support services
- Use of information technology to link services, if applicable

A medical home can be the facility for a health home, or the health home may be located in another facility, such as a behavioral health practice or community-based organization.

For more information on the Medicare/Medicaid Integration Project, visit the DSHS website.

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This is a screen shot of the HCA Website.

The DSHS Website

Transforming Lives Washington State Department of Social and Health Services

Phone Numbers Find a Local Office About Us Help

- DSHS Home
- ALISA Home
- Services & Information
- Caregiver Resources
- Adult Abuse & Prevention
- Professionals & Providers
- Stakeholders
- Publications

AGING AND LONG-TERM SUPPORT ADMINISTRATION

[ALISA](#) > Medicare/Medicaid Integration Project

Medicare/Medicaid Integration Project

Achieving Washington State's vision of integrated Medicare and Medicaid services.

Integrated Care Vision

The Department of Social and Health Service's Aging and Disability and Health Care Authority are partnering with the Centers for Medicare and Medicaid Services (CMS) to integrate Medicare and Medicaid services for people who are dually eligible. Our integration project is **HealthPath Washington**.

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HealthPath Washington

Washington State Health Care Authority

Department of Social & Health Services

This is a screen shot of the DSHS Health Home Website.

Certificate of Completion

The Health Action Plan

October 2014 Revisions to the Form

Cathy McAvoy, MPA
Duals Integration Program Manager
Behavioral Health and Integration Services Administration - DSHS

Please sign and date this slide to attest that you reviewed this training PowerPoint

Your Signature

Date Reviewed

Supervisor's Signature

Date



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.