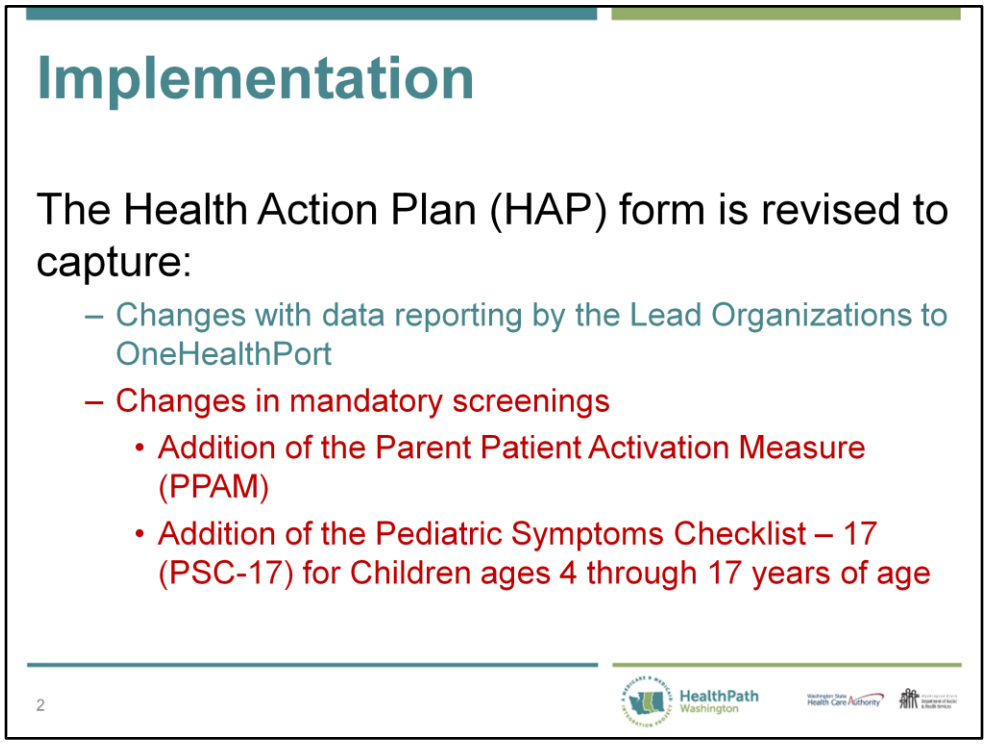
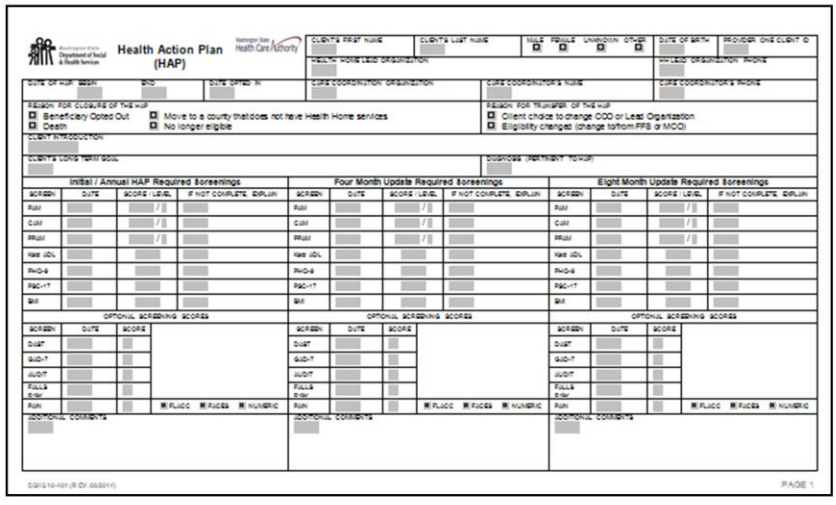
The paper form aligns with most required fields for OneHealthPort. For example, the end date is needed for the paper form but OneHealth Port does not require this date. OneHealthPort is the electronic platform used by the Lead Organizations to upload HAP data.

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.



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)

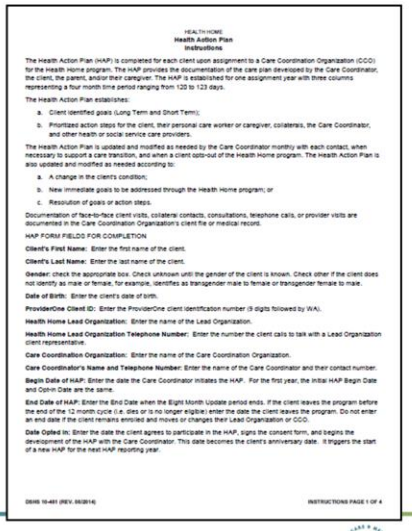
Initial / Annual HAP Required Screenings | Four Month Update Required Screenings | Eight Month Update Required Screenings

PAGE 1

HealthPath Washington

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



HEALTH HOME
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 columns 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, collaterals, 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 opts-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, collateral contacts, consultations, telephone calls, or provider visits are documented in the Care Coordination Organization's client file or medical record.

HAP FORM FIELDS 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 (9 digits followed by WA).

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 Optin 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. dies or 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 10-491 (REV. 08/2014) INSTRUCTIONS PAGE 1 OF 4

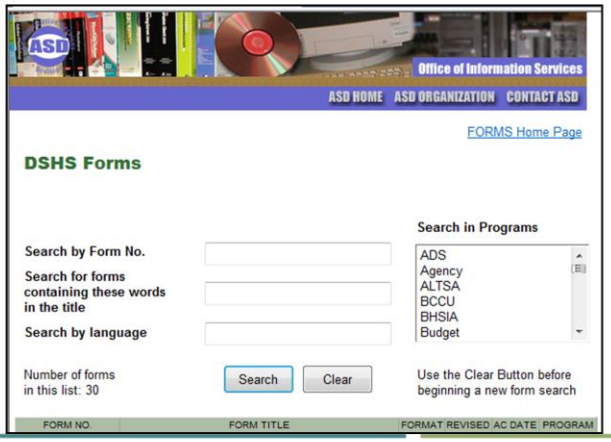
HealthPath Washington

Washington State Health Care Authority

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.

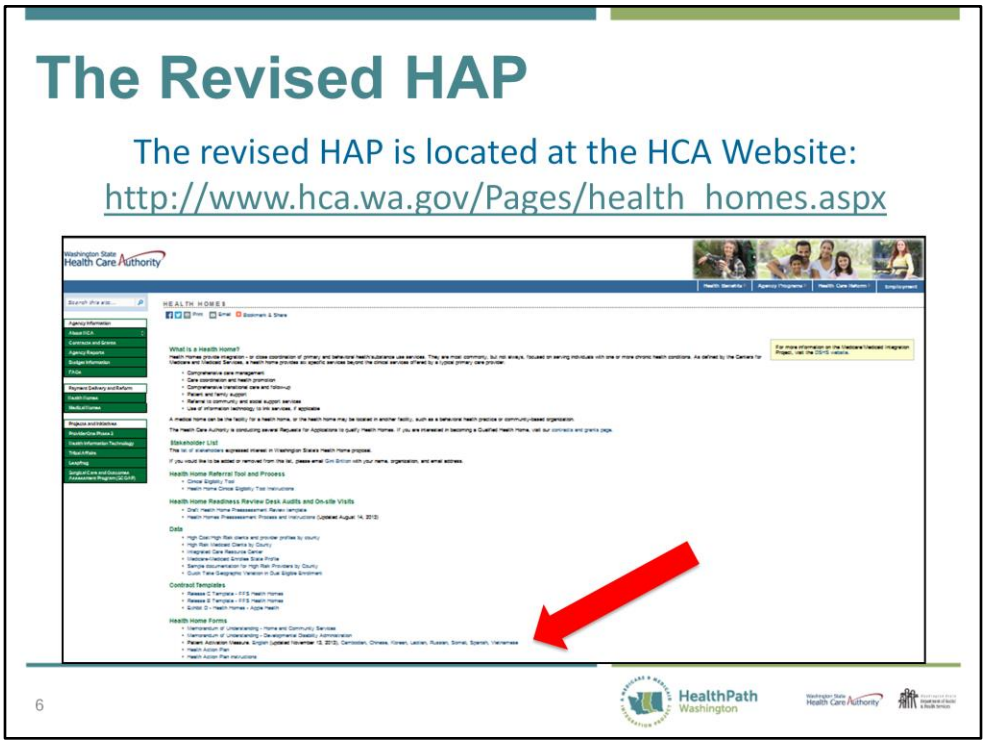
The Revised HAP

The revised HAP is located at the DSHS forms Website:
http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx



HealthPath Washington

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.

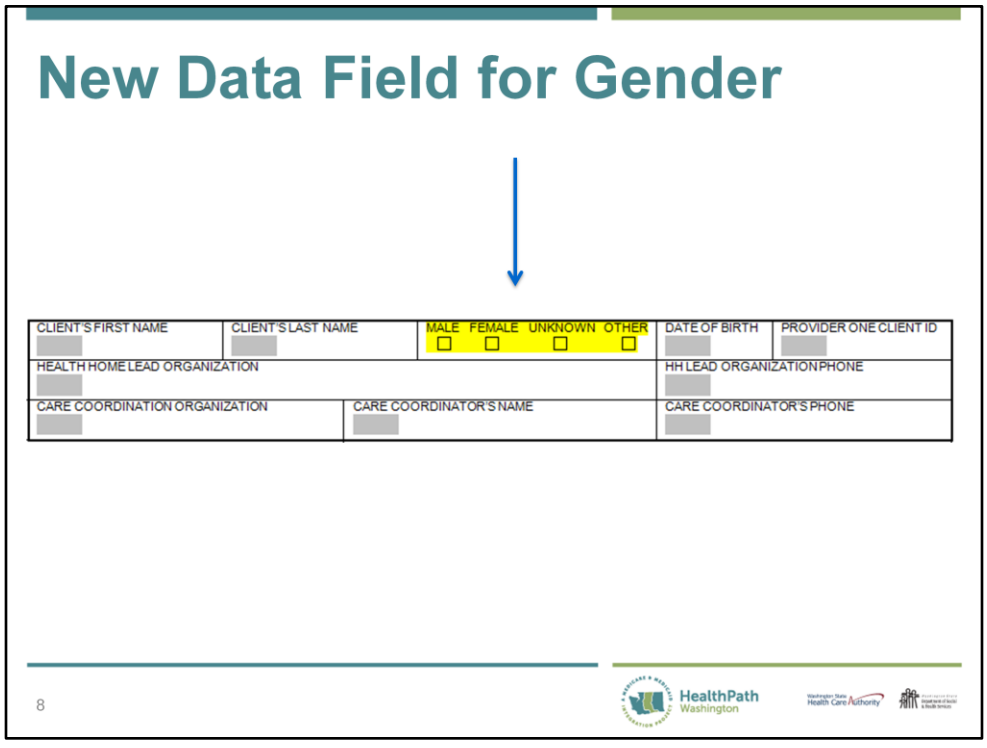


The HAP and Instructions are also posted on the HCA Health Home Website. There are no plans at this time to translate the form and Instructions into other languages.

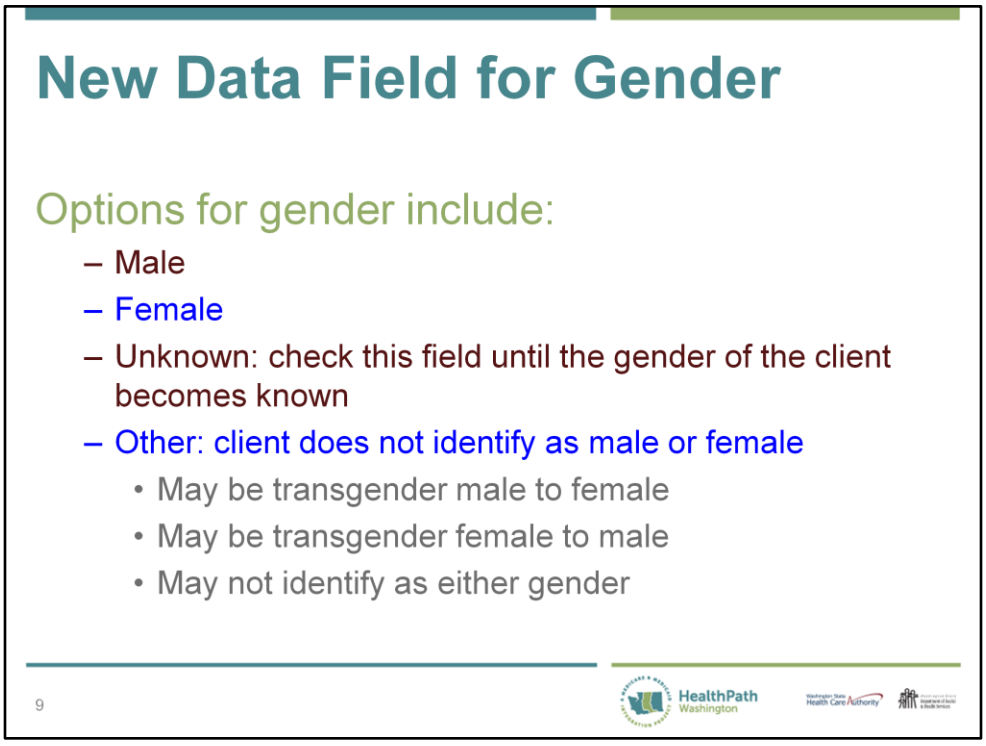
HAP Form

HealthPath Washington

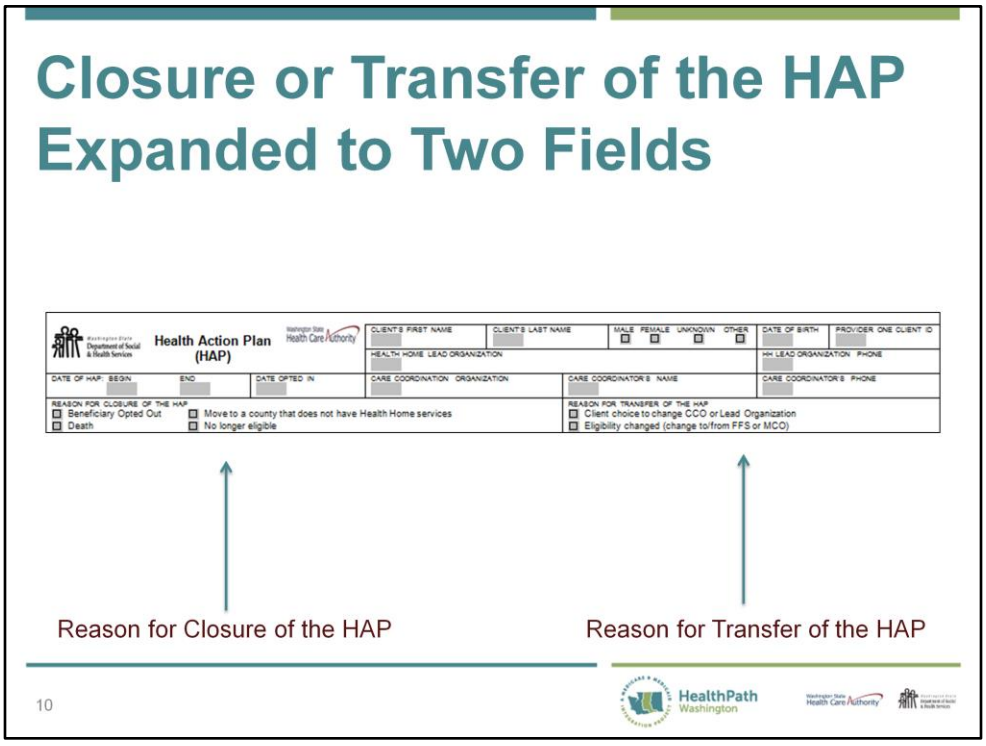
Changes to the Demographic Fields



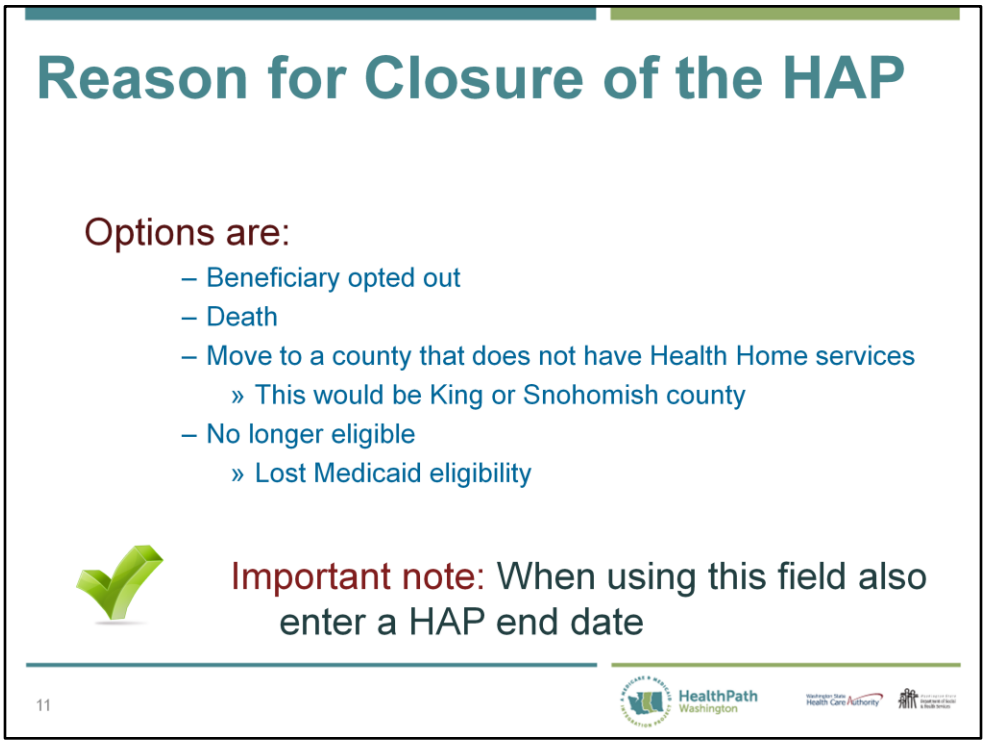
A new data field has been added to capture the client's gender.



These are the four gender categories used by OneHealthPort.

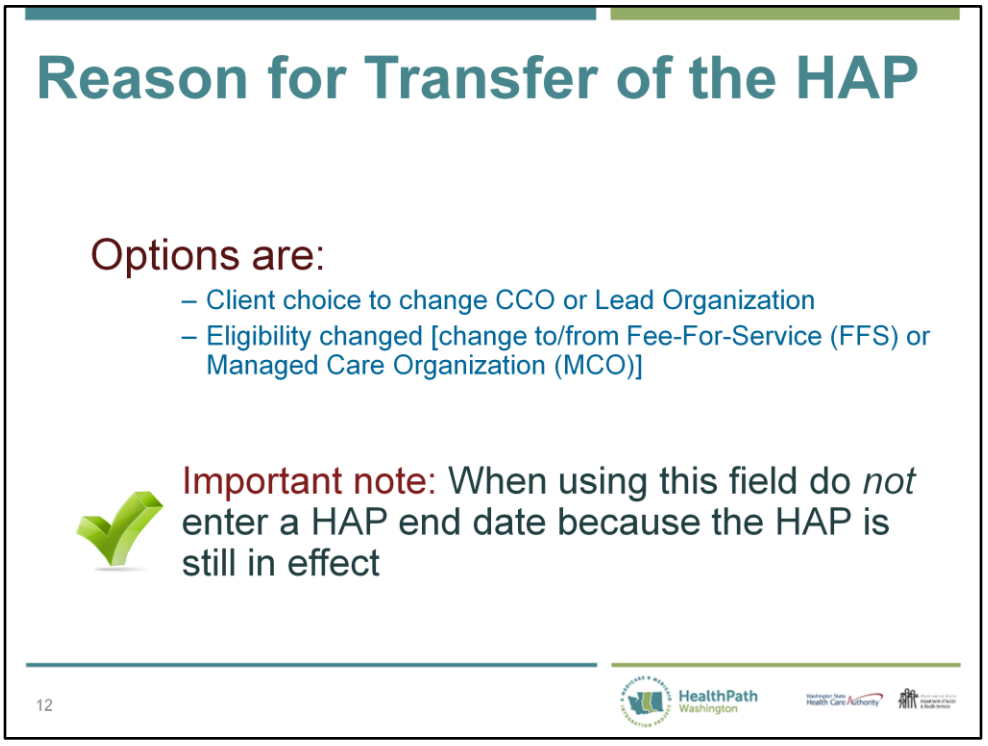


The field for “Reason for transfer or closure of the Health Action Plan” has been divided into two fields.



Reason for closure of the HAP provides four options:

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

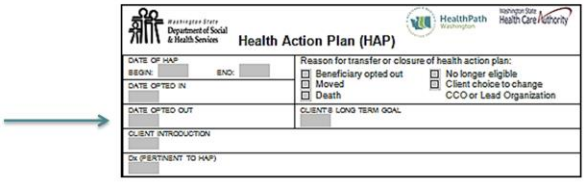


Reason for transfer of the HAP contains two options:

- 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



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

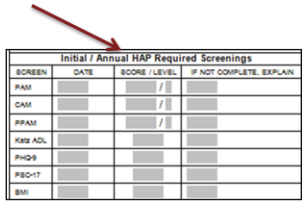
HAP Form

HealthPath Washington

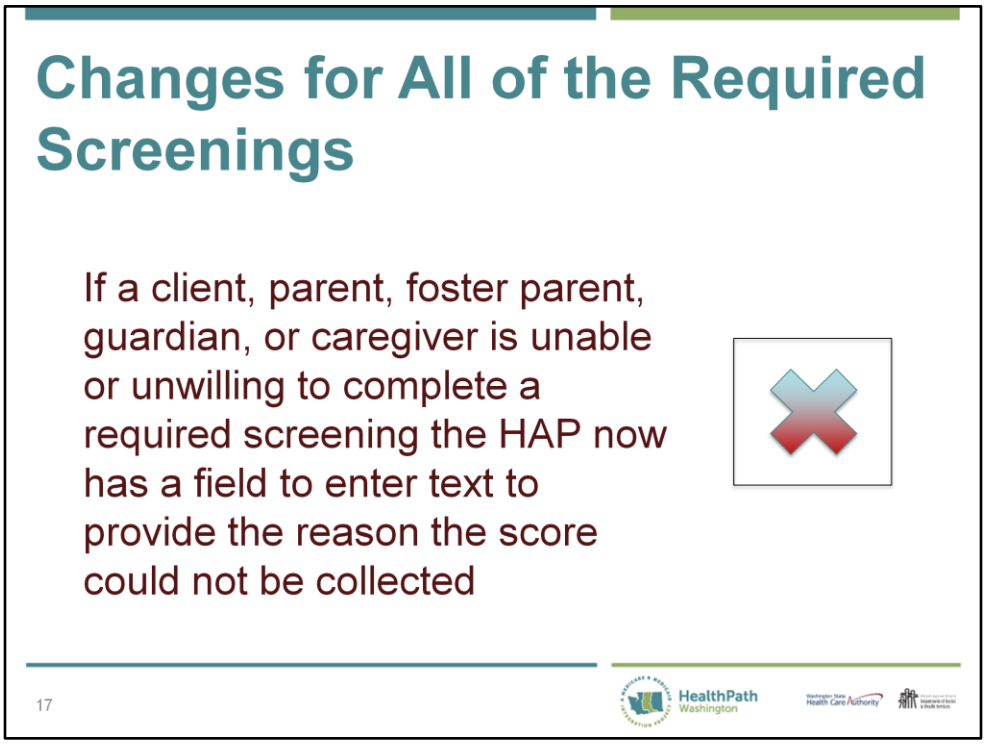
Changes to Required Screenings

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		/	
PFAM		/	
Katz ADL			
PHQ-9			
PSC-17			
BMI			

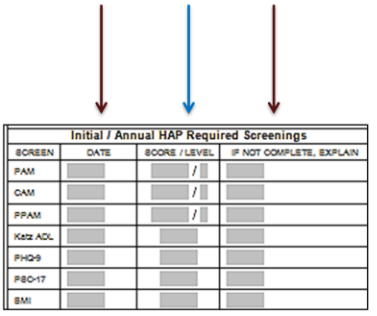


OneHealthPort contains a conditional field to indicate that a screening was not completed. This field will then require a written reason that the Care Coordinator could not collect the score.

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



Initial / Annual HAP Required Screenings			
SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN
PAM		/	
CAM		/	
PPAM		/	
Katz ADL			
PHQ-9			
PSC-17			
BMI			

18

HealthPath Washington

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

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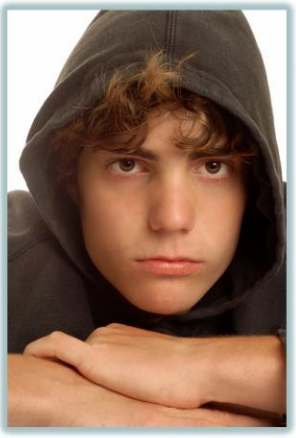
Washington State Health Care Authority

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

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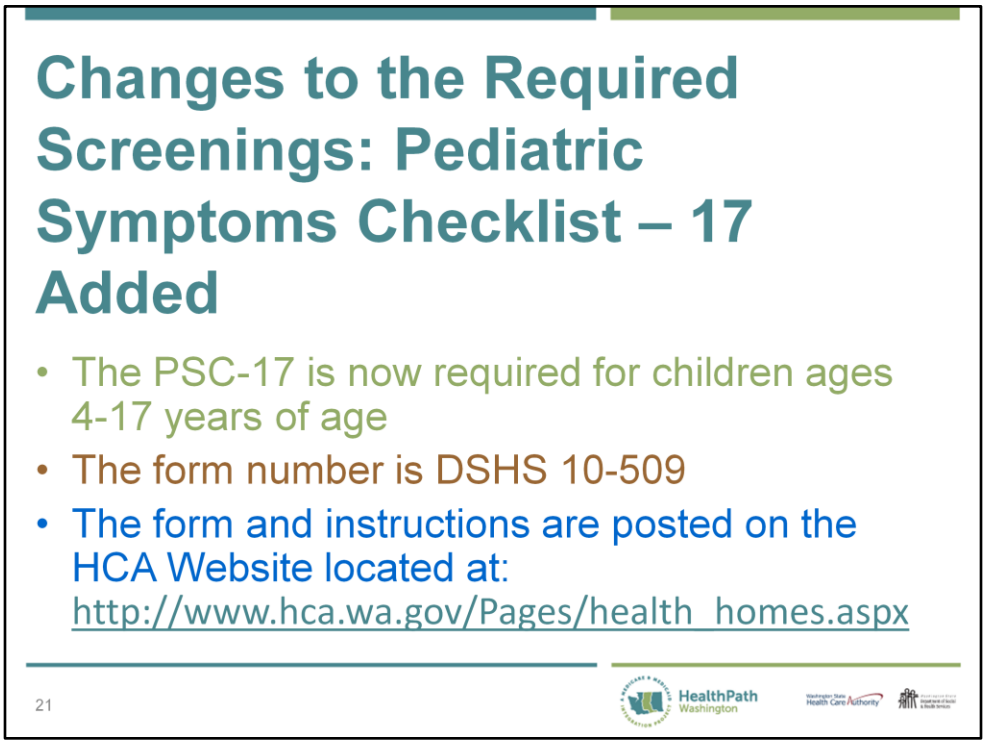
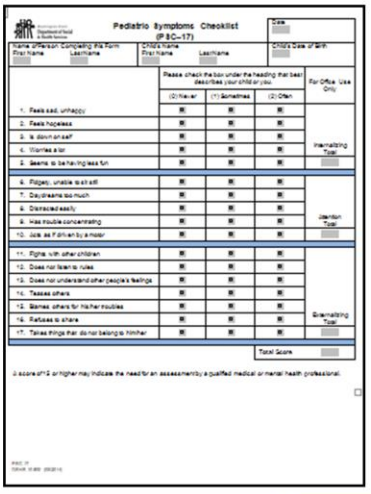
OneHealthPort will no longer accept Patient Health Questionnaire-9 scores for beneficiaries under 18 years of age.



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

Name of Person Completing this Form: First Name Lastname

Child's Name: First Name Lastname

Child's Date of Birth

Please check the box under the heading that best describes your child or you.

	(0) Never	(1) Sometimes	(2) Often	For Office Use Only
1. Feels sad, unhappy	☐	☐	☐	
2. Feels hopeless	☐	☐	☐	
3. Is down on self	☐	☐	☐	
4. Worries a lot	☐	☐	☐	Internalizing Total
5. Seems to be having less fun	☐	☐	☐	
6. Fidgety, unable to sit still	☐	☐	☐	
7. Daydreams too much	☐	☐	☐	
8. Distracted easily	☐	☐	☐	
9. Has trouble concentrating	☐	☐	☐	Attention Total
10. Acts as if driven by a motor	☐	☐	☐	
11. Fights with other children	☐	☐	☐	
12. Does not listen to rules	☐	☐	☐	
13. Does not understand other people's feelings	☐	☐	☐	
14. Teases others	☐	☐	☐	
15. Blames others for his/her troubles	☐	☐	☐	Externalizing Total
16. Refuses to share	☐	☐	☐	
17. Takes things that do not belong to him/her	☐	☐	☐	
			Total Score	

A score of 15 or higher may indicate the need for an assessment by a qualified medical or mental health professional.

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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.

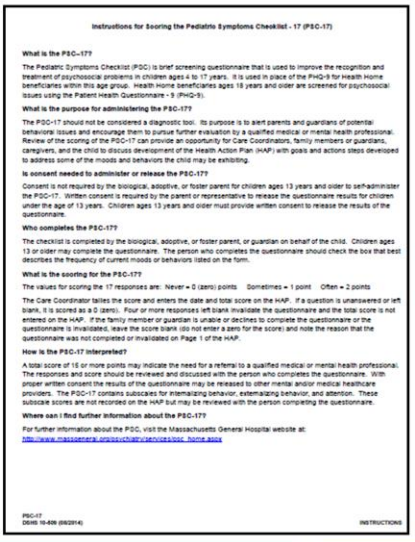
If a foster parent is uncooperative the Care Coordinator should contact Children's Administration (CA) to discuss the lack of cooperation on the part of the foster parent with the CA social worker. The CA social worker may complete the PSC-17 or work with the foster parent to have it completed.

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 Symptoms Checklist - 17 (PSC-17)

What is the PSC–17?

The Pediatric Symptoms Checklist (PSC) is brief screening questionnaire that is used to improve the recognition and treatment of psychosocial 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 psychosocial 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 behavioral 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 15 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/psychiatry/services/psc_home.aspx

PSC-17
DSHS 10-606 (05/2014) INSTRUCTIONS

HealthPath Washington

Washington State Health Care Authority

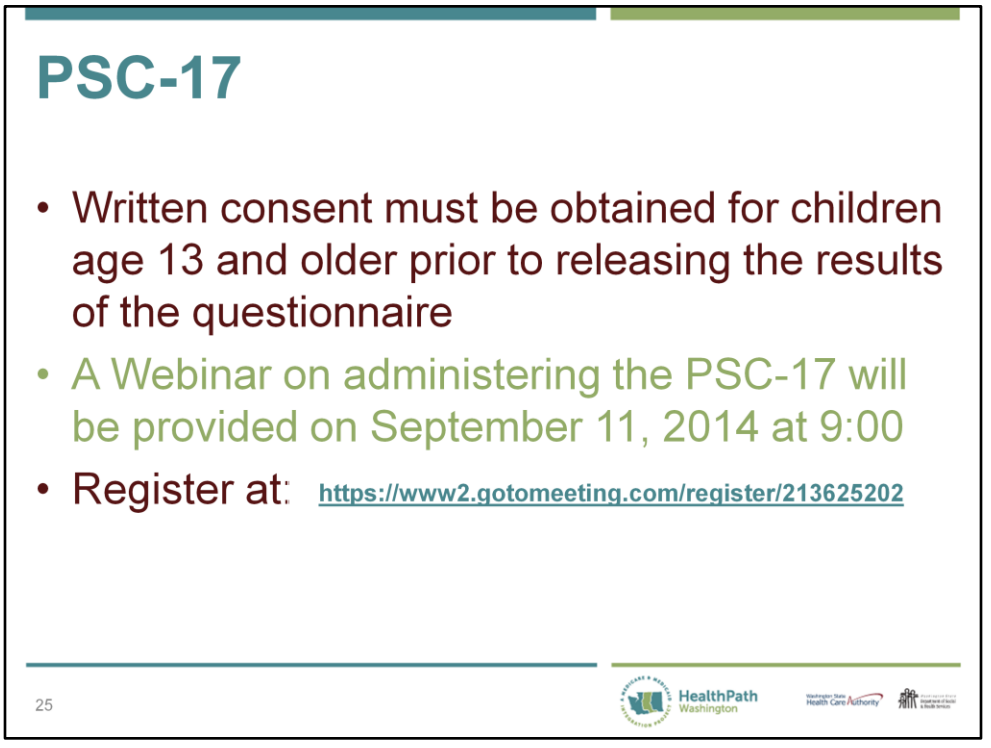
The Instructions contain a link at the bottom of the page to the Massachusetts General Website.

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.



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.

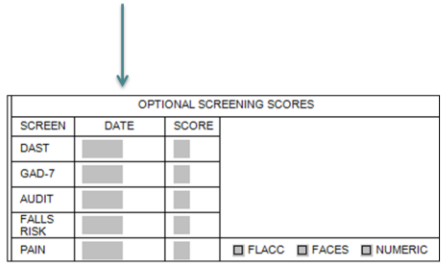
HAP Form

HealthPath Washington

Changes to the Optional Screenings

Changes to All of the Optional Screenings

A date field is added for all of the optional screenings

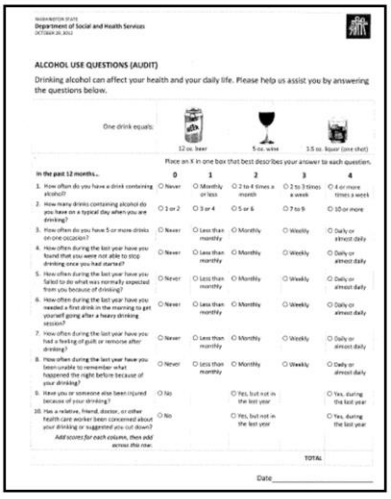


OPTIONAL SCREENING SCORES			
SCREEN	DATE	SCORE	
DAST			
GAD-7			
AUDIT			
FALLS RISK			
PAIN			☐ FLACC ☐ FACES ☐ NUMERIC

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



Department of Social and Health Services

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. liquor (one shot)

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?	○ Never	○ Monthly or less	○ 2 to 4 times a month	○ 2 to 3 times a week	○ 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	○ 1 or 2	○ 3 or 4	○ 5 or 6	○ 7 to 9	○ 10 or more
3. How often do you have 5 or more drinks on one occasion?	○ Never	○ Less than monthly	○ Monthly	○ Weekly	○ 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?	○ Never	○ Less than monthly	○ Monthly	○ Weekly	○ Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	○ Never	○ Less than monthly	○ Monthly	○ Weekly	○ 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?	○ Never	○ Less than monthly	○ Monthly	○ Weekly	○ Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	○ Never	○ Less than monthly	○ Monthly	○ Weekly	○ 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?	○ Never	○ Less than monthly	○ Monthly	○ Weekly	○ Daily or almost daily
9. Have you or someone else been injured because of your drinking?	○ No		○ Yes, but not in the last year		○ 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?	○ No		○ Yes, but not in the last year		○ Yes, during the last year
Add scores for each column, then add across the row.				TOTAL	

Date_____

HealthPath Washington

Washington State Health Care Authority

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

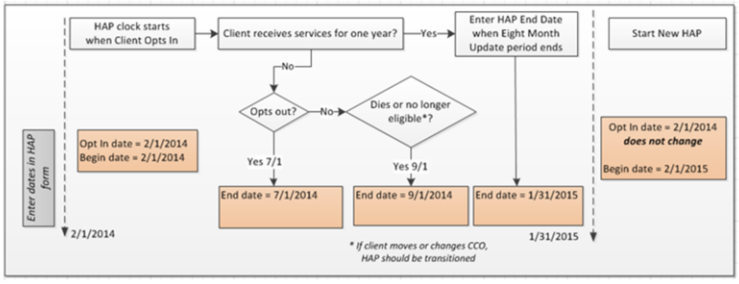
Dates of the HAP

- 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



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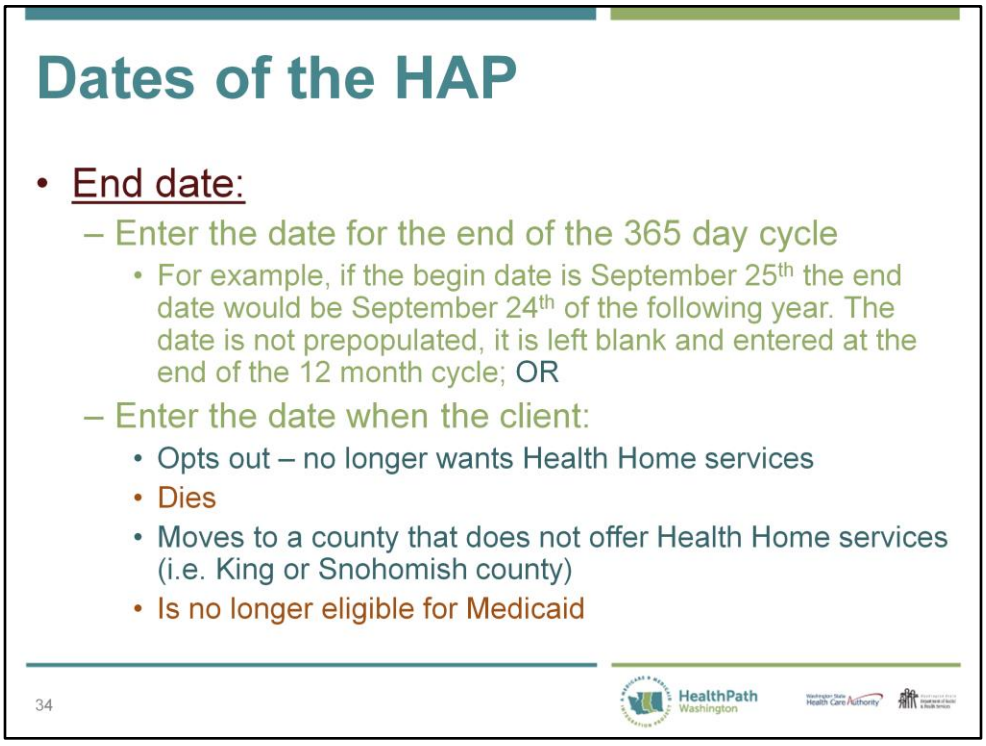
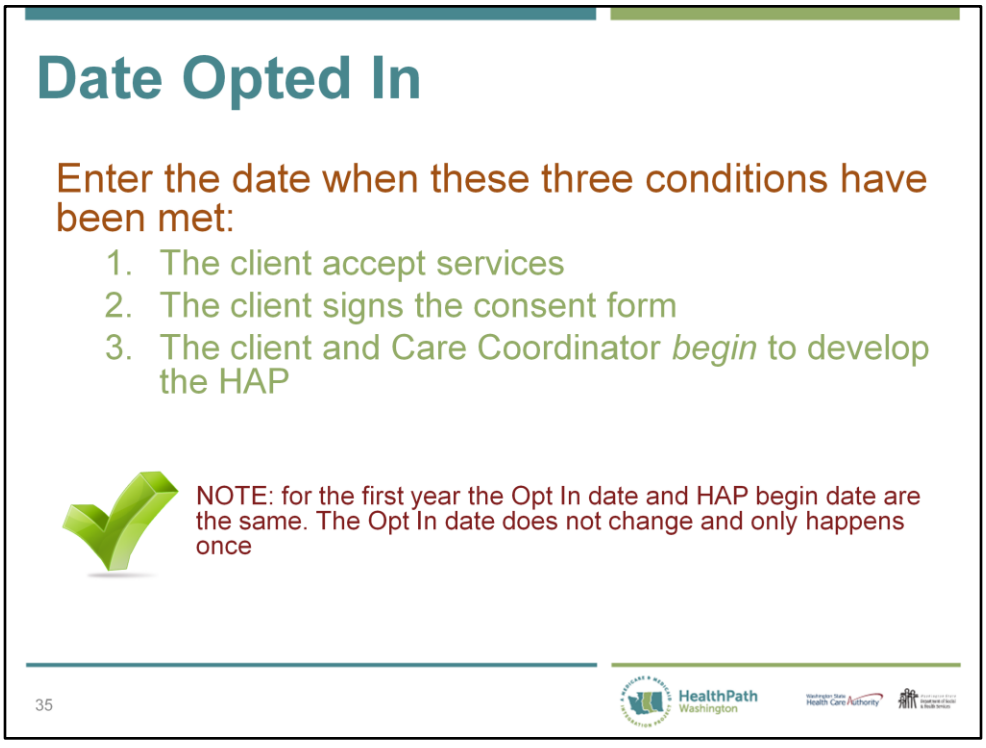
These graphics are included in the Instructions.



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 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

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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

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Review of the Short Term Goal/s and Action Steps

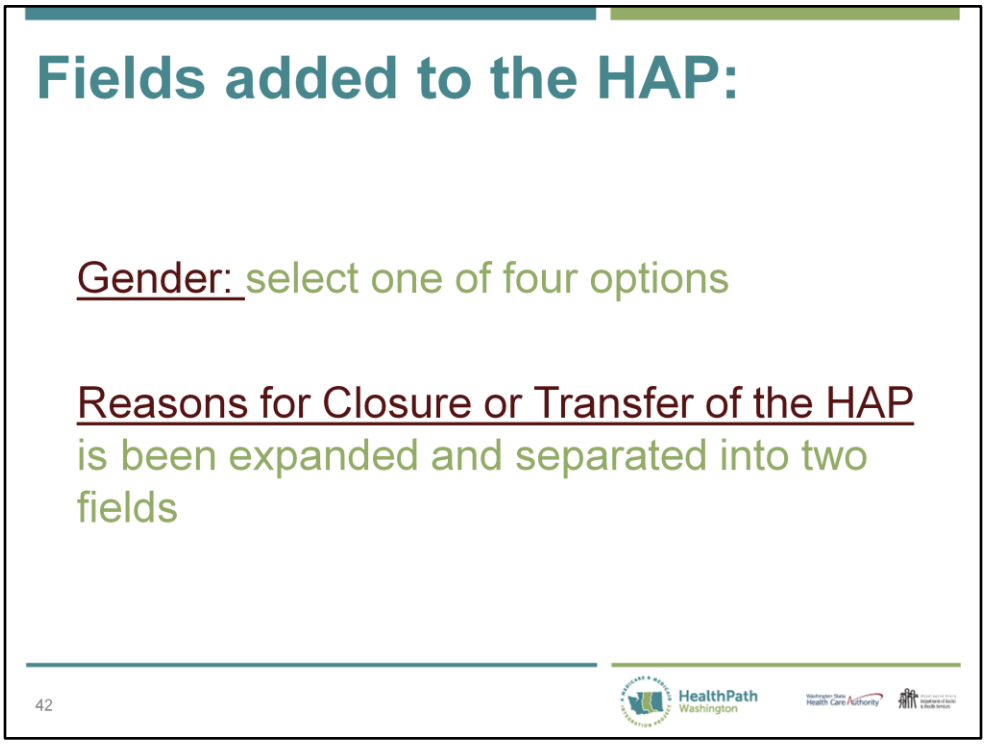
The HAP is a living document which changes with the client. All contacts are an opportunity to check on the client's progress with the action steps and update the HAP. Updating the HAP once a trimester is a minimum requirement.

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

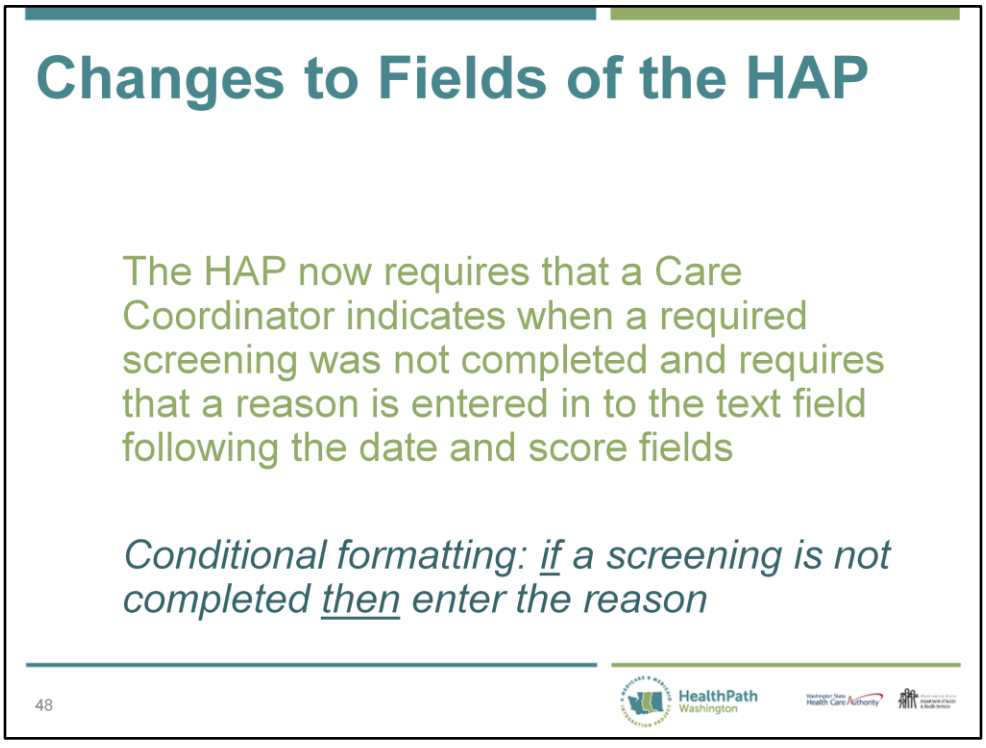
New Required Screening

The PPAM has been added and is required for children under 18 years of age

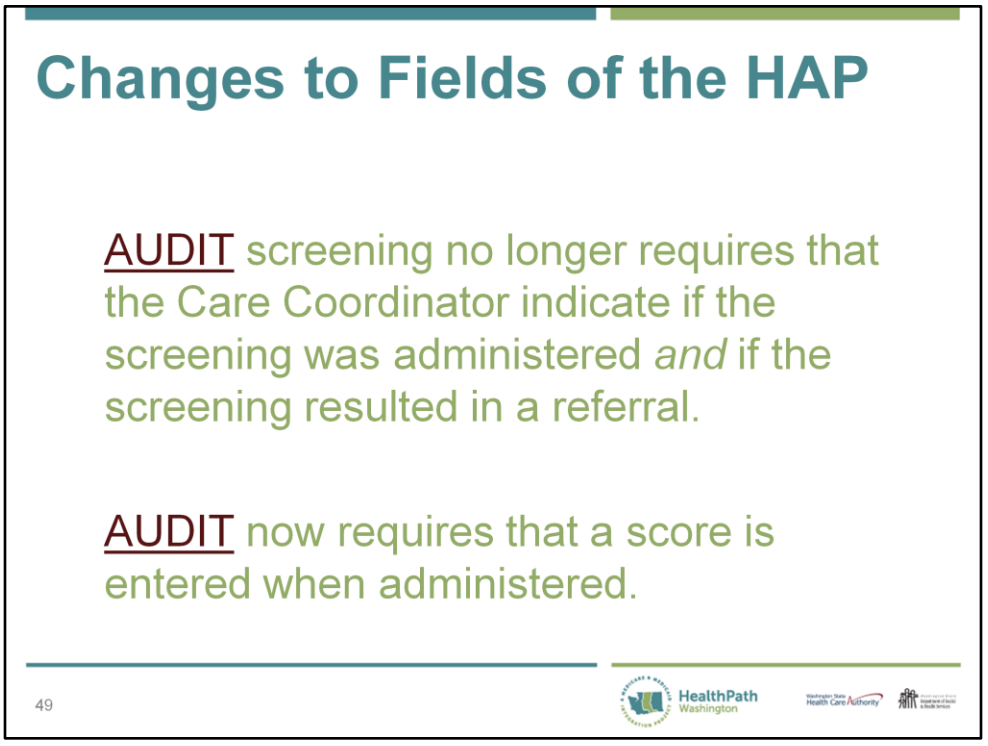
New Required Screening

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



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.

HAP Form

Best Practices and Tips

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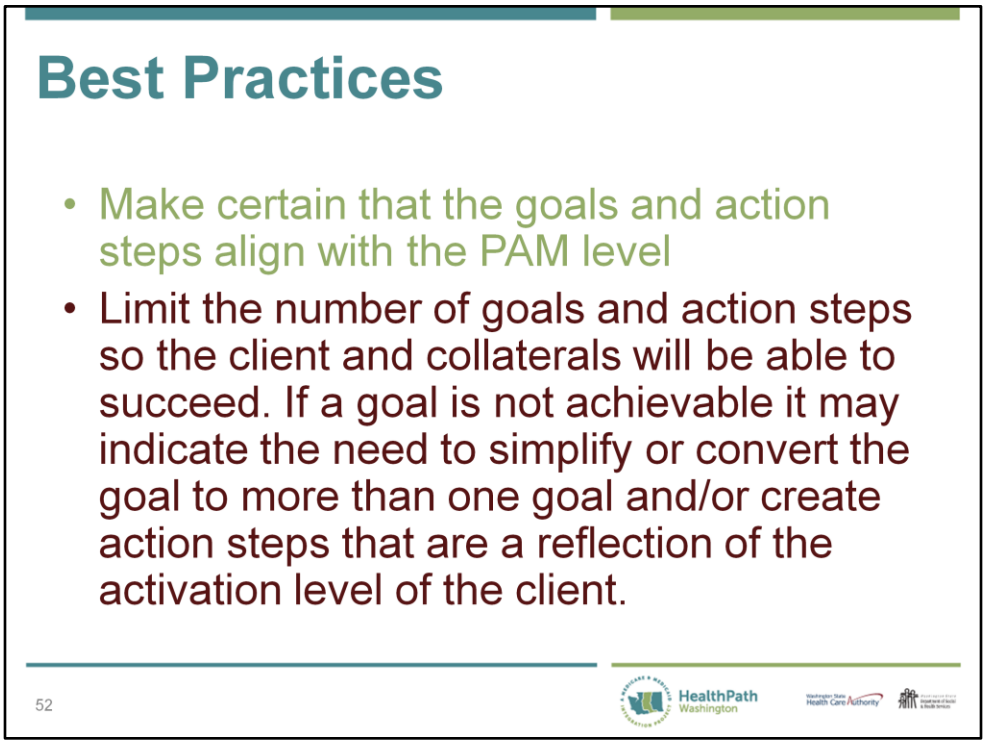
Tips on Scoring Screenings

- 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.



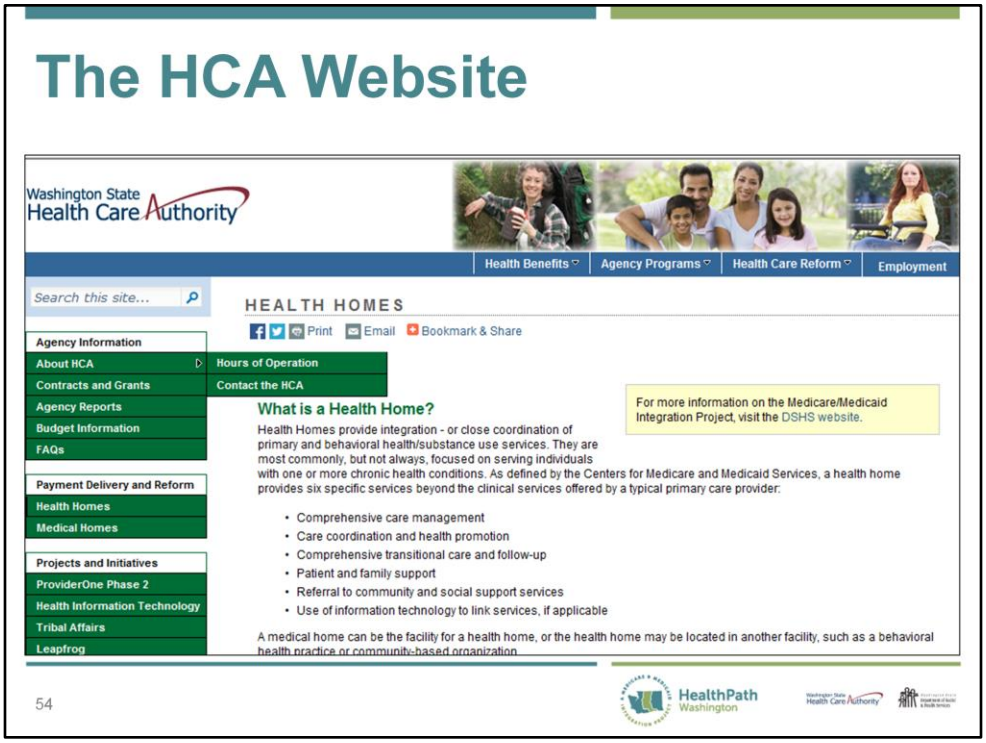
For example, if a client is a Level One the Care Coordinator may complete more of the action steps and use it as an opportunity to demonstrate skills, such as how to leave a message for a physician, schedule an appointment, or speak with a pharmacist. A client at a Level Four may simply be encouraged 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.