



Health Action Plan
(HAP)



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|--|-------------------|-----------------|---|--------------------------|-------------------|-----------------|--------------------------|---|-------------------|-----------------|--------------------------|---|-------------------|-----------------|--------------------------|---|-------------------|-----------------|--------------------------|--|-------------------|-----------------|--------------------------|------------------------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DATE OF HAP: BEGIN 07/20/2018 | | | | END 07/20/2018 | | | | DATE OPTED IN 07/20/2018 | | | | CLIENT'S FIRST NAME Jordan | | | | CLIENT'S LAST NAME Larson | | | | MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | DATE OF BIRTH 05/30/1959 | | | | PROVIDER ONE CLIENT ID 11111111WA | | | | | | | | | | | | | | | | | | | |
| REASON FOR CLOSURE OF THE HAP <input type="checkbox"/> Beneficiary Opted 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 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLIENT INTRODUCTION Jordan is a 59 year-old woman who has lived a very active life: bicyling, running, and exploring. She wants to overcome her arthritis problems and become active again. | | | | | | | | | | | | | | | | CLIENT'S LONG TERM GOAL Jordan wants to go camping on the Olympic Penninsula in the summer of 2019. | | | | | | | | | | | | | | | | DIAGNOSIS (PERTINENT TO HAP) Osteoarthritis in knees and spine. History of bursitis in right shoulder. | | | | | | | | | | | | | | | |
| Initial / Annual HAP Required Screenings | | | | | | | | Four Month Update Required Screenings | | | | | | | | Eight Month Update Required Screenings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN | DATE | SCORE / LEVEL | IF NOT COMPLETE, EXPLAIN | SCREEN | DATE | SCORE / LEVEL | IF NOT COMPLETE, EXPLAIN | SCREEN | DATE | SCORE / LEVEL | IF NOT COMPLETE, EXPLAIN | SCREEN | DATE | SCORE / LEVEL | IF NOT COMPLETE, EXPLAIN | SCREEN | DATE | SCORE / LEVEL | IF NOT COMPLETE, EXPLAIN | SCREEN | DATE | SCORE / LEVEL | IF NOT COMPLETE, EXPLAIN | | | | | | | | | | | | | | | | | | | | | | | | |
| PAM | 07/20/2018 | 86.3 / 4 | | PAM | 11/30/2018 | 77.5 / 4 | | PAM | 04/25/2019 | 82.8 / 4 | | PAM | 04/25/2019 | 82.8 / 4 | | PAM | 04/25/2019 | 82.8 / 4 | | PAM | 04/25/2019 | 82.8 / 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAM | | / | | CAM | | / | | CAM | | / | | CAM | | / | | CAM | | / | | CAM | | / | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPAM | | / | | PPAM | | / | | PPAM | | / | | PPAM | | / | | PPAM | | / | | PPAM | | / | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katz ADL | 07/20/2018 | 4 | | Katz ADL | 11/30/2018 | 5 | | Katz ADL | 04/25/2019 | 5 | | Katz ADL | 04/25/2019 | 5 | | Katz ADL | 04/25/2019 | 5 | | Katz ADL | 04/25/2019 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHQ-9 | 07/20/2018 | 3 | | PHQ-9 | 11/30/2018 | 3 | | PHQ-9 | 04/25/2019 | 2 | | PHQ-9 | 04/25/2019 | 2 | | PHQ-9 | 04/25/2019 | 2 | | PHQ-9 | 04/25/2019 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PSC-17 | | | | PSC-17 | | | | PSC-17 | | | | PSC-17 | | | | PSC-17 | | | | PSC-17 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BMI | 07/20/2018 | 31 | | BMI | 11/30/2018 | 30 | | BMI | 04/25/2019 | 29 | | BMI | 04/25/2019 | 29 | | BMI | 04/25/2019 | 29 | | BMI | 04/25/2019 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPTIONAL SCREENING SCORES | | | | | | | | OPTIONAL SCREENING SCORES | | | | | | | | OPTIONAL SCREENING SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN | DATE | SCORE | | SCREEN | DATE | SCORE | | SCREEN | DATE | SCORE | | SCREEN | DATE | SCORE | | SCREEN | DATE | SCORE | | SCREEN | DATE | SCORE | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAST | | | | DAST | | | | DAST | | | | DAST | | | | DAST | | | | DAST | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GAD-7 | | | | GAD-7 | | | | GAD-7 | | | | GAD-7 | | | | GAD-7 | | | | GAD-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUDIT | | | | AUDIT | | | | AUDIT | | | | AUDIT | | | | AUDIT | | | | AUDIT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FALLS RISK | 07/20/2018 | 5 | | FALLS RISK | 11/30/2018 | 4 | | FALLS RISK | 04/25/2019 | 4 | | FALLS RISK | 04/25/2019 | 4 | | FALLS RISK | 04/25/2019 | 4 | | FALLS RISK | 04/25/2019 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAIN | 07/20/2018 | 7 | <input type="checkbox"/> FLACC <input type="checkbox"/> FACES <input checked="" type="checkbox"/> NUMERIC | PAIN | 11/30/2018 | 6 | | PAIN | 04/25/2019 | 5 | | PAIN | 04/25/2019 | 5 | | PAIN | 04/25/2019 | 5 | | PAIN | 04/25/2019 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL COMMENTS Met for first HAP and goal setting. Jordan reports a moderate level of pain due to arthritis. She reports she is afraid of failure due to her painful joints but is ready to work on achieving her long term goal. | | | | | | | | ADDITIONAL COMMENTS Jordan worked hard in partnership with her personal trainer at the Y. She is beginning to see some progress, especially with weight loss, stamina, pain, and independence with ADLs; she can now transfer by herself. | | | | | | | | ADDITIONAL COMMENTS Jordan relates that her pain has decreased. She is able to be more active for longer periods of time. She has established a home exercise program and a program at the Y designed by her trainer. She is planning a brief camping trip in June. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Health Action Plan (HAP)

Washington State
Health Care Authority

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|---|-------------------|---|------------------------------------|--|--|-------------------------------------|---|---|-------------------------------------|--|---|--|
| DATE OF HAP: BEGIN 07/20/2018 | | END | DATE OPTED IN 07/20/2018 | | CLIENT'S FIRST NAME Jordan | CLIENT'S LAST NAME Larson | MALE <input type="checkbox"/> | FEMALE <input checked="" type="checkbox"/> | UNKNOWN <input type="checkbox"/> | OTHER <input type="checkbox"/> | DATE OF BIRTH 05/30/1959 | PROVIDER ONE CLIENT ID 11111111WA |
| | | | | | HEALTH HOME LEAD ORGANIZATION Statewide Lead | | | | | | HH LEAD ORGANIZATION PHONE 206 111-5554 | |
| | | | | | CARE COORDINATION ORGANIZATION Best CCO | | CARE COORDINATOR'S NAME Martha Stewart | | | | CARE COORDINATOR'S PHONE 306 555-1111 | |
| Initial / Annual HAP | | | | | Four Month Update | | | | | Eight Month Update | | |
| Short Term Goal: Increase walking distance in neighborhood Goal Start Date: 07/20/2018 Goal End Date: 11/19/2018 Outcome: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue | | | | | Short Term Goal: Join the YWCA and get a personal trainer Goal Start Date: 11/20/2018 Goal End Date: 03/19/2019 Outcome: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue | | | | | Short Term Goal: Gain better control of arthritis and pain Goal Start Date: 03/20/2019 Goal End Date: Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue | | |
| START DATE | COMPLETION DATE | ACTION STEPS | | | START DATE | COMPLETION DATE | ACTION STEPS | | | START DATE | COMPLETION DATE | ACTION STEPS |
| 07/20/2018 | 11/19/2018 | 07/23/2018: 1. Jordan will walk a half of a block daily 07/30/2018: 2. Jordan will add stretching before and after walking 08/06/2018: 3. Martha will call Jordan to ask about her progress and remind her of her next action step. 08/13/2018: 4. Jordan will increase walking to 1 block a day. 09/17/2018: 5. Jordan will increase walking to 2 blocks a day. 10/15/2018: 6. Martha will contact Jordan to see if she wants to increase her walking distance to 3 blocks per day. | | | 11/20/2018 | 03/19/2019 | 11/20/2018: 1. Martha will contact the YWCA to see if Jordan can get a free or reduced rate for Jordan's membership. She may contact other agencies, such as the Area Agency on Aging, for other suggestions for subsidizing Jordan's membership. She will call Jordan to inform her of the results of her inquiries. 11/26/2018: 2. Jordan will contact the Y to apply for a membership. She will also ask about a personal trainer and schedule an appointment for an assessment and exercise plan. 12/10/2018: 3. Martha will follow up with Jordan to see if she got her membership and set up an | | | 03/20/2019 | | 03/20/2019: 1. Jordan will make an appointment with her rheumatologist and a pain specialist. 03/29/2019: 2. Martha will contact Jordan to see if she needs assistance preparing for her visits. She will encourage and assist her as needed to write down her medications and questions for both specialist appointments. She will get the dates for the appointments and ensure that Jordan has transportation and an escort (possibly her paid caregiver) for both appointments. |



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(HAP)**

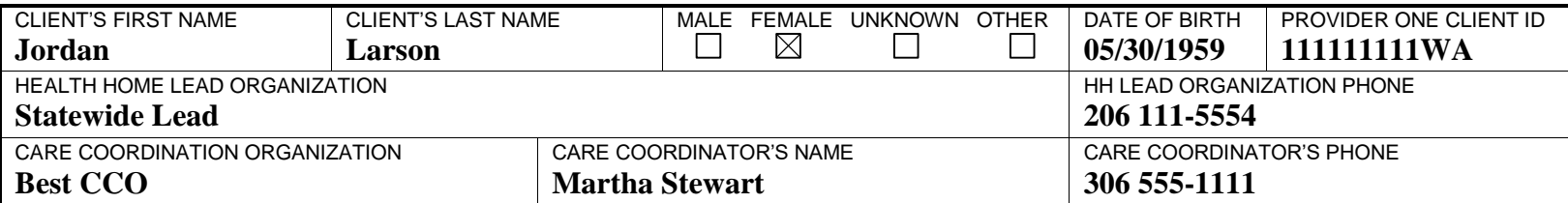


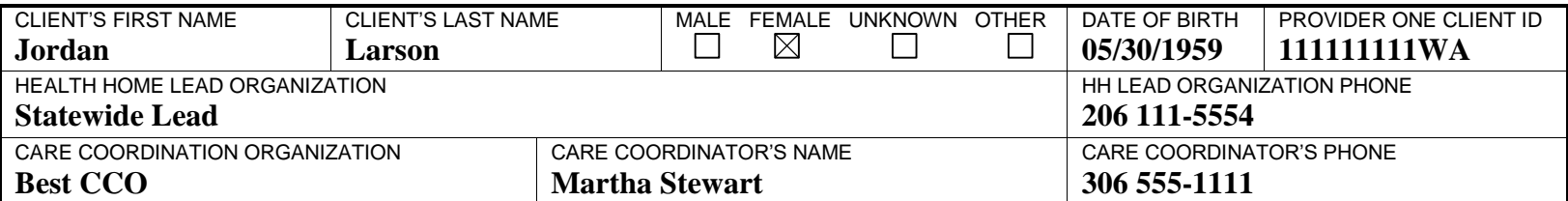
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|--|-------------------------------------|--|---|-------------------------------------|-----------------------------------|---|---|
| CLIENT'S FIRST NAME Jordan | CLIENT'S LAST NAME Larson | MALE <input type="checkbox"/> | FEMALE <input checked="" type="checkbox"/> | UNKNOWN <input type="checkbox"/> | OTHER <input type="checkbox"/> | DATE OF BIRTH 05/30/1959 | PROVIDER ONE CLIENT ID 11111111WA |
| HEALTH HOME LEAD ORGANIZATION Statewide Lead | | | | | | HH LEAD ORGANIZATION PHONE 206 111-5554 | |
| CARE COORDINATION ORGANIZATION Best CCO | | CARE COORDINATOR'S NAME Martha Stewart | | | | CARE COORDINATOR'S PHONE 306 555-1111 | |

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| DATE OF HAP: BEGIN 07/20/2018 | END | DATE OPTED IN 07/20/2018 |
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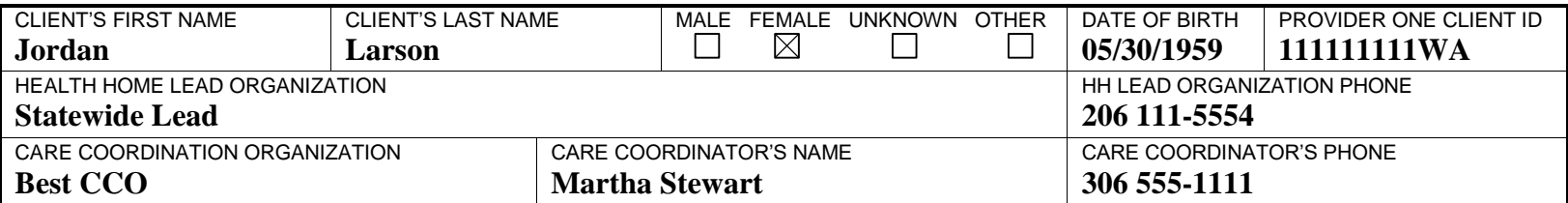
| Initial / Annual HAP | Four Month Update | Eight Month Update |
|---|--|--|
| Short Term Goal: Increase walking distance to 1 block a day Goal Start Date: 07/20/2018 Goal End Date: 11/22/2018 Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue | Short Term Goal: Join the YWCA and get a personal trainer Goal Start Date: 11/20/2018 Goal End Date: 03/19/2019 Outcome: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue | Short Term Goal: Gain better control of arthritis and pain Goal Start Date: 03/20/2019 Goal End Date: Outcome: <input type="checkbox"/> Completed <input type="checkbox"/> No longer pertinent – life or health change <input type="checkbox"/> Revised <input type="checkbox"/> Client request to discontinue |

| START DATE | COMPLETION DATE | ACTION STEPS | START DATE | COMPLETION DATE | ACTION STEPS | START DATE | COMPLETION DATE | ACTION STEPS |
|------------|-----------------|--------------|-------------------|-------------------|--|-------------------|-----------------|--|
| | | | 11/20/2018 | 03/19/2019 | appointment with the trainer. 12/17/2018: 4. Jordan will meet with the trainer and begin her prescribed exercise program. She will continue her walking and stretching program as weather permits at home or at the Y. 01/03/2019: Melody will provide an exercise and walking tracker for Jordan to complete during their January visit and they will review it at each monthly visit. | 03/20/2019 | | 04/25/2019: 3. Martha will visit Jordan to find out how her appointments went with the two specialists. They will review the HAP to see if any revisions are needed to her existing goal or if a new goal is needed based on what her doctors prescribe. Jordan will complete the required screenings and the pain and falls assessment to see if there has been any improvement. |

DSHS 10-481 (REV. 02/2015)



| Initial / Annual HAP | | | Four Month Update | | | Eight Month Update | | |
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| START DATE | COMPLETION DATE | ACTION STEPS | START DATE | COMPLETION DATE | ACTION STEPS | START DATE | COMPLETION DATE | ACTION STEPS |
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DSHS 10-481 (REV. 02/2015)



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