Health Action Plan (HAP)

Washington State Department of Social & Health Services

Washington State Health Care Authority

CLIENT'S FIRST NAME	CLIENT'S LAST NAME	MALE ☐ FEMALE ☐ UNKNOWN ☐ OTHER ☐	DATE OF BIRTH	PROVIDER ONE CLIENT ID

HEALTH HOME LEAD ORGANIZATION	HH LEAD ORGANIZATION PHONE

DATE OF HAP: BEGIN	END	DATE OPTED IN	CARE COORDINATION ORGANIZATION	CARE COORDINATOR'S NAME	CARE COORDINATOR'S PHONE

REASON FOR CLOSURE OF THE HAP
☐ Beneficiary Opted Out   ☐ Move to a county that does not have Health Home services
☐ Death   ☐ No longer eligible

REASON FOR TRANSFER OF THE HAP
☐ Client choice to change CCO or Lead Organization
☐ Eligibility changed (change to/from FFS or MCO)

CLIENT INTRODUCTION

CLIENT'S LONG TERM GOAL   DIAGNOSIS (PERTINENT TO HAP)

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
PAM		/		PAM		/		PAM		/	
CAM		/		CAM		/		CAM		/	
PPAM		/		PPAM		/		PPAM		/	
Katz ADL				Katz ADL				Katz ADL			
PHQ-9				PHQ-9				PHQ-9			
PSC-17				PSC-17				PSC-17			
BMI				BMI				BMI			

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

ADDITIONAL COMMENTS	ADDITIONAL COMMENTS	ADDITIONAL COMMENTS

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Initial / Annual HAP			**Four Month Update**			**Eight Month Update**		
Short Term Goal:			Short Term Goal:			Short Term Goal:		
Goal Start Date: Goal End Date:			Goal Start Date: Goal End Date:			Goal Start Date: Goal End Date:		
Outcome: ☐ Completed ☐ No longer pertinent – life or health change ☐ Revised ☐ Client request to discontinue			Outcome: ☐ Completed ☐ No longer pertinent – life or health change ☐ Revised ☐ Client request to discontinue			Outcome: ☐ Completed ☐ No longer pertinent – life or health change ☐ Revised ☐ Client request to discontinue		
START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS

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