$-\Omega$	2	
洲	٦	Washington State Department of Social & Health Services

DATE OF HAP: BEGIN

Health Action Plan (HAP)

END

Washington State Health Care Authority

DATE OPTED IN

CLIENT'S FIRST NAME	CLIENT'S LAST NAM	ΛF	MALE	FEMALE	UNKNOWN	OTHER	DATE OF BIRTH	PROVIDER ONE CLIENT ID
OLILIA OTTAKOTA WANE	CEIEITI C E IOI IUI		,			· :-::	Brite of Billin	THOUBER ONE CELETTIES
			_	_	_	_		
HEALTH HOME LEAD ORGANIZA	ATION						HH LEAD ORGANI	IZATION DHONE
TILALITTIONIL LLAD ONGANIZA	ATION						TITLLAD ONGANI	IZATION FITONL
CARE COORDINATION ORGANIZ	ZATION	CARE COO	DDINAT	OD'S NAM	E		CARE COORDINA	TOD'S DHONE
CARL COORDINATION ORGANIA	ZATION	CARL COO	KDINAI	OK 3 NAIVI	L		CARL COORDINA	TORSFIONE

REASON F	OR CLOSURE C	OF THE HAP		·				REASON FOR TRA	NSFER OF THE	E HAP				
☐ Benef	iciary Opted	Out	e to a county that does not ha	ave Health Ho	me services			☐ Client choice	e to change (CCO or Lead	Organizatio	on		
☐ Death			onger eligible					☐ Eligibility ch						
			origer eligible						angea (enang	90 (0/110111111	0 01 1000)			
CLIENT IN	RODUCTION													
CLIENT'S L	ONG TERM GO	AL						DIAGNOSIS (PERT	INENT TO HAP	')				
	Initial / Ar	nual HAP Requi	ed Screenings		Four Month	Update Red	uired So	creenings		Eight Mon	th Update	Require	ed Screenings	
SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN	SCREEN	DATE	SCORE / LI		IF NOT COMPLETE,	SCREEN	DATE	SCORE /		IF NOT COMPLETE, EXPLAI	IN
OOKEEN	DATE	OOONL / LL VLL	II NOT COM ELTE, EXI EXIV	OOKLEN	DATE	OOORE / El		EXPLAIN	OOKEEN	DATE	OOOKE /		II NOT COM ELTE, EXI EXI	.11 V
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					ВМІ					
	OP	TIONAL SCREENING	SCORES		OPTIO	ONAL SCREEN	ING SCOR	ES		OP.	TIONAL SCRE	ENING S	SCORES	
SCREEN	DATE	SCORE		SCREEN	DATE	SCORE			SCREEN	DATE	SCORE			
DAST				DAST					DAST					
GAD-7				GAD-7					GAD-7					
AUDIT				AUDIT			_		AUDIT					
FALLS				FALLS					FALLS					
RISK				RISK					RISK					
PAIN		☐ FL	ACC ☐ FACES ☐ NUMERIC	PAIN				ACC ☐ FACES ☐ NUMERIC	PAIN			☐ FLA	CC FACES NUMER	:IC
ADDITIONA	L COMMENTS			ADDITIONAL	COMMENTS				ADDITIONAL	L COMMENTS				
l				1					1					



Washington State Health Care Authority

CLIENT'S FIRST NAME	CLIENT'S LAST NAM	1E	MALE	FEMALE	UNKNOWN	OTHER	DATE OF BIRTH	PROVIDER ONE CLIENT ID
Ť								
HEALTH HOME LEAD ORGANIZA	ATION						HH LEAD ORGANI	ZATION PHONE
CARE COORDINATION ORGANIZ	ZATION	CARE COO	RDINAT	OR'S NAM	E		CARE COORDINAT	TOR'S PHONE

DATE OF HAP: E	BEGIN	END	DATE OPTED IN	CARE CO	OORDINATION ORGANI	ZATION	CARE COORDINATO	DR'S NAME		CARE COORDINATOR'S PHONE
	Initial	/ Annual HAP			Four Mo	nth Update			Eig	iht Month Update
Short Term Go	oal:			Short Term (Goal:			Short Term Go	al:	
Goal Start Dat	te:	Goal End [Date:	Goal Start D	ate:	Goal End Date	e:	Goal Start Date) :	Goal End Date:
Outcome: Completed Revised	d No longer Client requ	pertinent – life or uest to discontinu	health change e	Outcome: Complet Revised	ed	ertinent – life or he est to discontinue	alth change	Outcome: Completed Revised	☐ Client r	ger pertinent – life or health change equest to discontinue
START DATE	COMPLETION DATE	ACT	ION STEPS	START DATE	COMPLETION DATE	ACTION S	STEPS	START DATE	COMPLETIC DATE	ON ACTION STEPS



Washington State Health Care Authority

CLIENT'S FIRST NAME	CLIENT'S LAST NAM	ME	MALE	FEMALE	UNKNOWN	OTHER	DATE OF BIRTH	PROVIDER ONE CLIENT ID
HEALTH HOME LEAD ORGANIZA	ATION						HH LEAD ORGANI	ZATION PHONE
CARE COORDINATION ORGANIA	ZATION	CARE COC	RDINAT	OR'S NAM	E		CARE COORDINA	TOR'S PHONE

DATE OF HAP: E	BEGIN	END	DATE OPTED IN		CARE COO	ORDINATION ORGANI	ZATION	CARE COORDINATO	DR'S NAME		CARE COORDINATOR'S PHONE
	Initial	/ Annual HAP				Four Mo	nth Update			Eig	ht Month Update
Short Term Go	oal:			Sho	ort Term G	oal:			Short Term Go	al:	
Goal Start Dat		Goal End [Jate.		al Start Da		Goal End Date	۵.	Goal Start Date		Goal End Date:
Outcome:		Ooai Liid L	Jaic.		come:		Coal Ella Dat	.	Outcome:		Godi Elia Batc.
	No longer	pertinent – life or	health change			d 🔲 No longer pe	ertinent – life or he	alth change		□ No Ion	ger pertinent – life or health change
Revised	☐ Client requ	uest to discontinu	e		Revised	☐ Client reque		anii onango	Revised	☐ Client r	equest to discontinue
START DATE	COMPLETION DATE	ACT	ON STEPS	STA	ART DATE	COMPLETION DATE	ACTION S	STEPS	START DATE	COMPLETIC DATE	ON ACTION STEPS
				1							T .



Washington State Health Care Authority	
nealur Care Mulifority	

CARE COORDINATION ORGANIZATION CARE COORDINATOR'S NAME CARE COORDINATOR'S PHONI	E
HEALTH HOME LEAD ORGANIZATION HH LEAD ORGANIZATION PHO	NE
CLIENT'S FIRST NAME CLIENT'S LAST NAME MALE FEMALE UNKNOWN OTHER DATE OF BIRTH PROVIDER	ONE CLIENT ID

DATE OF HAP: I	BEGIN	END	DATE OPTED IN	CARE	E COOF	RDINATION ORGANIZAT	TION	CARE COORDINATO	R'S NAME		CARE COORDINATOR'S PHONE
Initial / Annual HAP						Four Month	n Update		Eight Month Update		
Short Term Goal:					rm Go	al:			Short Term Go	al:	
Goal Start Dat	te:	Goal End [oal Star		: :	Goal End Date		Goal Start Date	e :	Goal End Date:
Outcome: Completed Revised	d No longer Client requ	pertinent – life or lest to discontinu	health change	outcome: Comp Revise	oleted	☐ No longer perti☐ Client request t	nent – life or he o discontinue		Outcome: Completed Revised	☐ No long	ger pertinent – life or health change equest to discontinue
START DATE	COMPLETION DATE	ACT	ION STEPS	START DA	ATE	COMPLETION DATE	ACTION S	TEPS	START DATE	COMPLETIO DATE	N ACTION STEPS



Health Action Plan (HAP)

Vashington State Health Care Authority

	on State ent of Social Services	ealth Action Plan (HAP)	Washington State Health Care Authority		FIRST NAME OME LEAD ORGANIZ	CLIENT'S LAST NAM	IE .	MALE FEMALE	UNKNOV	VN OTHER	DATE OF BIRTH HH LEAD ORGANI	PROVIDER ONE CLIENT ID IZATION PHONE	
DATE OF HAP: E	BEGIN	END DATE	OPTED IN	CARE COO	RDINATION ORGAN	IZATION	CARE COO	RDINATOR'S NAM	IE		CARE COORDINA	TOR'S PHONE	
Initial / Annual HAP				1	Four Mo	onth Update				Eight Month Update			
Short Term Go	oal:		Sho	ort Term G	oal:			Short 7	Γerm Go	al:			
Outcome: O			change Out	oal Start Date: utcome: Completed No longer pertinent – life or health Revised Client request to discontinue								Goal End Date: ger pertinent – life or health change request to discontinue	
START DATE	COMPLETIO DATE	ACTION STE	EPS STA	ART DATE	COMPLETION DATE	ACTION S	TEPS	START	Γ DATE	COMPLETIO DATE	N	ACTION STEPS	



CLIENT'S FIRST NAME	CLIENT'S LAST NAI	ME	MALE	FEMALE	UNKNOWN	OTHER	DATE OF BIRTH	PROVIDER ONE CLIENT ID
HEALTH HOME LEAD ORGANIZA	HH LEAD ORGANIZATION PHONE							
CARE COORDINATION ORGANIZ	ZATION	CARE COOF	RDINAT	OR'S NAM	E		CARE COORDINAT	OR'S PHONE

DATE OF HAP:	BEGIN	END	DATE OPTED IN	CARE	COOR	DINATION ORGANIZAT	ON	CARE COORDINATO	R'S NAME		CARE COORDINATOR'S PHONE
Initial / Annual HAP						Four Month	Update		Eight Month Update		
Short Term Goal:					m Goa	ıl:			Short Term Go	al:	
Goal Start Da	te:	Goal End I		oal Start		:	Goal End Date		Goal Start Date	e :	Goal End Date:
Outcome: Completed Revised	d No longer Client requ	pertinent – life or lest to discontinu	health change	outcome: Compl Revise	leted	☐ No longer pertir☐ Client request t	ent – life or he o discontinue		Outcome: Completed Revised	☐ No long	ger pertinent – life or health change equest to discontinue
START DATE	COMPLETION DATE	ACT	ION STEPS	START DAT	TE	COMPLETION DATE	ACTION S	STEPS	START DATE	COMPLETIO DATE	N ACTION STEPS



DATE OF HAP: BEGIN

Health Action Plan (HAP)

END

DATE OPTED IN

ity	IENT'S FI	RST NAME	CLIENT'S LAST NAME	MALE	FEMALE UNK	NOWN	OTHER	DATE OF BIRTH	PROVIDER ONE CLIENT ID			
HE	ALTH HO	ME LEAD ORGA	NIZATION		ZATION PHONE							
CA	RE COOF	RDINATION ORG	ANIZATION CARE COC	TOR'S NAME CARE COORDINATOR'S PHONE								
		Four	Month Update		Eight Month Update							
Short T	erm Go	al:			Short Term Goal:							
Outcom	tart Date ne: mpleted vised	☐ No longe	Goal End Date: or pertinent – life or health change quest to discontinue	Goal Start Date: Goal End Date: Outcome: Completed No longer pertinent – life or health change Revised Client request to discontinue								
START	DATE	COMPLETION DATE	ACTION STEPS		START DAT	T DATE COMPLETION ACTION STEPS			ACTION STEPS			

Initial .	/ Annual HAP	Four Mo	onth 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:		Outcome:		Outcome:			
☐ Completed ☐ No longer☐ Revised ☐ Client requ	pertinent – life or health change	☐ Completed ☐ No longer p☐ Revised ☐ Client reque	pertinent – life or health change	Completed No long	ger pertinent – life or health change equest to discontinue		
	lest to discontinue	·	est to discontinue				
START DATE COMPLETION DATE	ACTION STEPS	START DATE COMPLETION DATE	ACTION STEPS	START DATE COMPLETIO DATE	ACTION STEPS		
		<u> </u>					