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