|  | | | **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 | | | | |
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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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