



Health Action Plan  
(HAP)



CLIENT'S FIRST NAME <b>Robert "Bobby"</b>		CLIENT'S LAST NAME <b>Smith</b>		MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	OTHER <input type="checkbox"/>	DATE OF BIRTH <b>04/07/1969</b>		PROVIDER ONE CLIENT ID <b>999999999WA</b>	
HEALTH HOME LEAD ORGANIZATION <b>Always There</b>								HH LEAD ORGANIZATION PHONE <b>360 111 -1111</b>			
DATE OF HAP: BEGIN <b>01/16/2018</b>		END		DATE OPTED IN <b>01/16/2018</b>		CARE COORDINATION ORGANIZATION <b>Ever So Helpful</b>		CARE COORDINATOR'S NAME <b>Melody Petrianado</b>		CARE COORDINATOR'S PHONE <b>360 111-2222</b>	
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 <b>Bobby is a single 48 year old male who lives alone. He has a history of evictions due to symptoms of his schizophrenia including hearing voices and fear of strangers.</b>											
CLIENT'S LONG TERM GOAL <b>Gain better control of his COPD by accessing routine primary and behavioral health care.</b>								DIAGNOSIS (PERTINENT TO HAP) <b>Schizophrenia and Chronic Obstructive Pulmonary Disease (COPD)</b>			
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	<b>01/16/2018</b>	<b>32.2 / 1</b>		PAM		<b>/</b>		PAM		<b>/</b>	
CAM		<b>/</b>		CAM		<b>/</b>		CAM		<b>/</b>	
PPAM		<b>/</b>		PPAM		<b>/</b>		PPAM		<b>/</b>	
Katz ADL	<b>01/16/2018</b>	<b>6</b>		Katz ADL				Katz ADL			
PHQ-9	<b>01/16/2018</b>	<b>12</b>		PHQ-9				PHQ-9			
PSC-17				PSC-17				PSC-17			
BMI	<b>01/16/2018</b>	<b>26</b>		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	<b>01/16/2018</b>	<b>14</b>		GAD-7				GAD-7			
AUDIT				AUDIT				AUDIT			
FALLS RISK				FALLS RISK				FALLS RISK			
PAIN			<input type="checkbox"/> FLACC <input type="checkbox"/> FACES <input type="checkbox"/> NUMERIC	PAIN			<input type="checkbox"/> FLACC <input type="checkbox"/> FACES <input type="checkbox"/> NUMERIC	PAIN			<input type="checkbox"/> FLACC <input type="checkbox"/> FACES <input type="checkbox"/> NUMERIC
ADDITIONAL COMMENTS <b>Mr Smith's PHQ-9 and GAD-7 scores indicate a need for a mental health assessment. A Peer Support Program is recommended. He reports that his biggest concern is going to the clinic to see a primary care physician.</b>				ADDITIONAL COMMENTS				ADDITIONAL COMMENTS			



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Initial / Annual HAP					Four Month Update					Eight Month Update				
Short Term Goal: <b>Obtain a primary care physician</b> Goal Start Date: <b>02/02/2018</b> 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					Short Term Goal: Goal Start Date:      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					Short Term Goal: Goal Start Date:      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		
<b>02/02/2018</b>		<b>02/02/18:</b> <b>1.Melody will refer Bobby to a Peer Support Program and will provide the Peer Support Specialist with the names of three medical clinics near Bobby's home.</b> <b>02/12/18:</b> <b>2.The Peer Support Specialist will drive Bobby by the three clinics and Bobby will choose the building he likes the best.</b> <b>02/13/18:</b> <b>3. Melody will call Bobby and ask him to select a doctor from the clinic he chooses.</b> <b>02/14/18:</b> <b>4. Melody will schedule an appointment with a physician at the clinic of Bobby's choice.</b>												



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DATE OF HAP: BEGIN <b>01/16/2018</b>	END	DATE OPTED IN <b>01/16/2018</b>
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Initial / Annual HAP	Four Month Update	Eight Month Update
Short Term Goal: <b>Obtain a primary care physician.</b> Goal Start Date: <b>02/02/2018</b> 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	Short Term Goal: Goal Start Date:                      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	Short Term Goal: Goal Start Date:                      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
		<b>02/15/18:</b> <b>5. Melody will call Bobby and the Peer Support Specialist to inform them of the date and time of the doctor appointment.</b> <b>02/16/18:</b> <b>6. Melody will contact the clinic to tell them that Bobby will be visiting the waiting room over the next few weeks. Twice a week for two weeks Bobby and the Peer Support Specialist will sit in the waiting room of the clinic for an incrementally increasing length of time. The first visit will last ten minutes.</b>						



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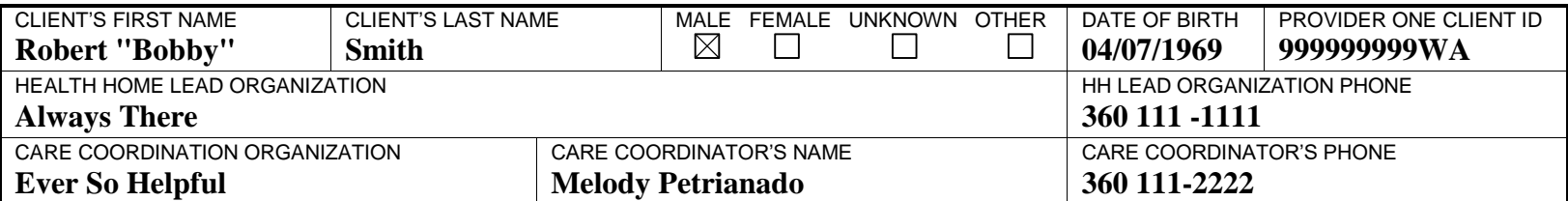
START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS	START DATE	COMPLETION DATE	ACTION STEPS
		<b>03/02/18:</b> <b>8. Bobby will go to the clinic and his selected primary care physician will meet him in the waiting room for an introduction.</b> <b>03/05/18:</b> <b>9. Bobby will wait in the waiting room with his Peer Support Specialist and then go in to the exam room for a brief period of time. During this time his primary care physician will come to the exam room to say hello.</b>						



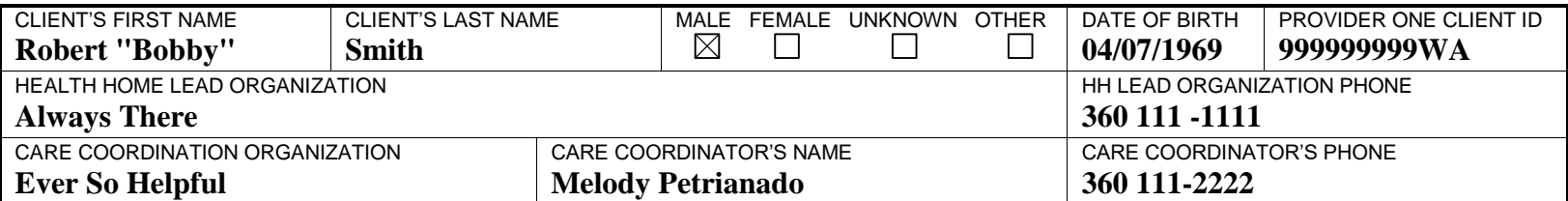
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		<b>03/12/2018:</b> <b>10. The Peer Support Specialist with transport Bobby to his first appointment and his primary physician will do a brief exam.</b> <b>03/13/2018:</b> <b>11. Melody will call Bobby after his appointment to check in. Together they will discuss what he learned from his doctor and what he would like to do next.</b>												



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DSHS 10-481 (REV. 02/2015)