

Missouri Division of Behavioral Health

Bulletin Number: FY 18—043	COMMUNITY TREATMENT BULLETIN	Effective Date: 9-1-17
New	Subject: Healthcare Home Health Screenings	Number of Pages: 7

1. Programs Affected

- 1.1 Community Mental Health Center Healthcare Homes (CMHC HCH)

2. Background and Purpose

- 2.1 This bulletin replaces the following memo: CMHC Healthcare Home Health Screening Policy and Procedures.
- 2.2 This bulletin provides *revised* Healthcare Home health screening policy and procedures.

3. Health Screening Policy

- 3.1 All persons enrolled in a CMHC HCH must have a health screening completed annually. The purpose of the health screening is to identify health issues that will guide treatment goals addressing the consumer's physical health conditions and promote recovery of the whole person.
- 3.2 Health screening outcomes identified should be incorporated into the consumer's treatment plan in a person-centered format.
- 3.3 Providers may use various staff to assist the consumer in completing the health screening: the HCH NCM, a non-HCH clinic nurse, a trained QMHP, or a trained Community Support Specialist (CSS).
- 3.4 The HCH NCM must have a face-to-face meeting with the consumer and parent, if applicable, to review the health information, discuss healthcare concerns, and help translate health and wellness goals with the consumer to be evaluated for inclusion in the consumer's treatment plan. If a face-to-face meeting is not possible, the NCM may contact the consumer/guardian via telephone, and document in the consumer record why a face-to-face meeting could not take place. Telephone contact for the purpose of this task should be the exception, not the rule.

4. Health Screening Documentation

- 4.1 The health information that is gathered should be documented on the Health Screening Form. The HCH NCM must participate in the development of the treatment plan and sign the treatment plan to indicate his/her involvement. The HCH NCM is not directly responsible for the interventions needed in order for the consumer to meet the health treatment goal(s). The face-to-face meeting is to be documented by a progress note in the consumer record.

5. Health Screening Billing

- 5.1 If health screening information is collected by the HCH NCM, full-time NCMs do not bill, part-time NCMs may bill if they are not completing the service while on the “HCH clock.”
- 5.2 If health screening information is collected by a non-HCH clinic nurse, they may bill their time to the Medication Administration procedure code, H2010. This billing should be supported by a progress note in the consumer chart that meets the minimum DMH/Medicaid requirements.
- 5.3 If health screening information is collected by a CSS, they may bill their time to the Community Support procedure code, H0036. This billing should be supported by a progress note in the consumer chart that meets the minimum DMH/Medicaid requirements.

6. Health Screening Required Components for Adults

- 6.1 A health screening must include a health history and risk factors. The following are the minimum screening components.
- 6.2 Health History
 1. Does the consumer have a primary care doctor?
 2. Does the consumer have other doctors or specialists they see for care (vision, cardiologist, ENT, etc.)?
 3. Has the consumer seen their medical doctor in the past year? When?
 4. Has the consumer had a physical exam in the past year?
 5. Has the consumer been hospitalized or received emergency room services in the past year? If so, why?
 6. Is the consumer experiencing any pain including back pain, joint pain, or neck pain? Provide a pain rating scale.
 7. Request the consumer’s health history of the skin, eyes, ears and throat, respiratory system, circulatory system, endocrine system, GI, GU, neurological, musculoskeletal, adult sexual development (male/female), and surgical.
 8. Has the consumer had a family member with high blood pressure, hepatitis, high cholesterol, heart attack/heart disease, or diabetes?
 9. Does the consumer have any allergies to medications, foods, environmental, etc.?
 10. Is the consumer up to date on immunizations?
 11. Does the consumer have a dentist? Do they have any teeth, gum, and/or mouth problems?
- 6.3 Risk Factors
 1. Does the consumer currently smoke or use tobacco products, including electronic cigarettes, hookahs, and vaporizers? If so, has the consumer attempted to stop using tobacco in the past?

2. To what extent does the consumer exercise? Are they satisfied with the amount of exercise they are doing?
3. Does the consumer have any specific dietary restrictions or needs? Have they experienced unexplained weight gain and/or weight loss in the last year?

7. Health Screening Required Components for Children and Youth

7.1 A health screening for children and youth must include a health history and risk factors. The following are the minimum screening components.

7.2 Health History

1. Does the consumer have a primary care doctor/pediatrician?
2. Does the consumer have other doctors or specialists they see for care (cardiologist, ENT, dermatologist, etc.)?
3. Has the consumer had a vision screening or seen an optometrist in the past year?
4. Has the consumer seen their medical doctor in the past year? When?
5. Has the consumer had a well-child exam in the past year?
6. Has the consumer been hospitalized or received emergency room services in the past year? If so, why?
7. Is the consumer experiencing any pain including back pain, joint pain, or neck pain? Provide a pain rating scale.
8. Request the consumer's health history of the skin (acne, itching, and rash), eyes, ears (frequent ear infections) and throat (frequent sore throat, frequent strep, tonsillectomy), respiratory system, circulatory system, endocrine system, GI, GU (concerns with genitalia development, frequent UTIs, toileting issues), neurological, musculoskeletal, sexual health and development (menstruation start date, sexual behaviors inappropriate for age, high risk sexual behaviors, pelvic exams completed, birth control), and surgeries. Items in parentheses are suggested topics.
9. Has consumer ever had a head injury or been knocked unconscious?
10. Has the consumer been diagnosed with asthma? If so, does consumer use an inhaler (maintenance and rescue)? If so, does consumer have an asthma action plan?
11. Has the consumer had a family member (parent, grandparents) with high blood pressure, hepatitis, high cholesterol, heart attack/heart disease, or diabetes?
12. Does the consumer have any allergies to medications, foods, environmental, etc.? Does the consumer need and have an epi pen?
13. Is the consumer up to date on immunizations?
14. Does the consumer have a dentist? Have they had a dental checkup twice a year? Do they brush their teeth twice a day? Floss daily?
15. Current Medications

7.3 The psychosocial evaluations should be reviewed, if this information is contained in it then do not ask the questions again unless there are concerns.

7.4 Risk Factors

1. Does the consumer currently smoke or use tobacco products, including electronic cigarettes, hookahs, and vaporizers? Is the consumer exposed to anyone who is a smoker? Is the parent or caregiver interested in smoking cessation assistance?
2. To what extent does the consumer exercise? Are they satisfied with the amount of exercise they are doing? Does the consumer participate in 60 minutes of vigorous activity every day? How much screen time is the consumer participating in each day (outside of school)?
3. Does the consumer have any specific dietary restrictions or needs? Have they experienced unexplained weight gain and/or weight loss in the last year? Consider addressing healthy meals, healthy snacks, sugary drink consumption, and access to food.
4. Does the consumer participate in any afterschool activities? Does the consumer have friends at school?
5. Does the consumer have an IEP? Does the consumer receive any special education services at school?
6. Has consumer met all developmental milestones within normal limits? Does the consumer have any speech issues? Does the consumer have any physical or occupational therapy needs?
7. Does the consumer have adequate safety in their environment? Consider addressing appropriate car seat/harness, outside play safety – helmet, supervision.

8. Health Screening Form

- 8.1 Providers may develop their own health screen form or use the template provided by DMH. Providers may modify the template to meet the individual needs of their agency. The health screen may be a paper form or in an electronic medical record (EMR). The health screen may also be incorporated into a comprehensive evaluation/assessment form. It is not required that this screening be a standalone document.
- 8.2 Any changes made or use of a screening outside of the provided template must be approved by the DBH prior to implementation.

Appendix I

Developmental Screen:

Age 1-4

Is your child able to do the following?

- a) Build a tower of 8 small blocks;
- b) Hop on 1 foot;
- c) Know his/her name, age, and whether she/he is a boy or girl;
- d) Copy a cross;
- e) Draw a person with 3 parts;
- f) Play board or card games;
- g) Balance on each foot;
- h) Dress him/herself, including button;
- i) Understood (speech) by others;
- j) Name 4 colors
- k) Play pretend by him/herself and with others
- l) Brush his/her own teeth

Age 5-6

Is your child able to do the following?

Motor Language:

- a) Count to 10
- b) Balance on one foot
- c) Articulate well and have appropriate language skills
- d) Name four or more colors
- e) Hop and skip

Learning:

- a) Follow simple directions
- b) Able to tie a knot
- c) Draw a person (6+ body parts)
- d) Listen and attend
- e) Print some letters and numbers
- f) Copy squares and triangles

Age 7-8

Does your child do the following?

- a) Eat healthy meals and snacks
- b) Do well in school
- c) Participate in an after-school activity
- d) Do chores when asked
- e) Engage with friends
- f) Get along with family
- g) Engage in vigorous activity for one hour per day

Age 9-10

Does your child do the following?

- a) Eat healthy meals and snacks

- b) Do well in school
- c) Participate in an after-school activity
- d) Make his/her own decisions as opportunities arise
- e) Do chores when asked
- f) Engage with friends
- g) Feel good about his/herself
- h) Engage in vigorous activity for one hour per day
- i) Excel in an activity
- j) Have a caring/supportive family

Age 11-14

Explore the youth's functioning in the following areas and note areas of concern:

Development

- a) Family time
- b) Tobacco, alcohol, drugs
- c) Balanced diet
- d) Community involvement
- e) Prescription drugs
- f) Physical activity
- g) Sex
- h) Limit TV
- i) Rules/Expectations
- j) Planning for after high school
- k) Driving restriction

Emotional well-being

- a) Dealing with stress
- b) Social and academic
- c) Decision-making
- d) Conflict resolution
- e) Mood changes
- f) Age-appropriate limits
- g) Sexuality/Puberty

Age 15-21

Explore the youth's functioning in the following areas and note areas of concern:

- a) Friends/relationships
- b) Family time
- c) Tobacco, alcohol, drugs
- d) Balanced diet
- e) Community involvement
- f) Prescription drugs
- g) Physical activity
- h) Encourage reading/school
- i) Sex
- j) Limit TV
- k) Rules/Expectations
- l) Planning for after high school

Emotional well-being

- a) Dealing with stress
- b) Guns

Social and academic

- a) Decision-making
- b) Conflict resolution

Competence

- a) Mood changes
- b) Driving restriction
- c) Age-appropriate limits
- d) Sexuality/Puberty