

CMHC Healthcare Home Health Screening Policy and Procedures (8/2/13)

All persons enrolled in a CMHC Healthcare Home must have a formal health screening completed on an annual basis. The purpose of the health screening is to identify health issues and guide treatment goals addressing the client's physical health conditions and promote recovery for the whole person. Health screenings must be completed at the time of the annual assessment and health problems identified incorporated into the client's treatment plan as appropriate and agreed to by the client in a person centered treatment planning process. While the health screening is due no later than the time of an enrolled clients next annual assessment, all HCH Nurse Care Managers (NCM) should be reviewing the client records for all auto-enrolled clients to identify any critical health needs, prioritize clients needing more immediate attention to physical health problems, and identify clients who may be in need of consultation from the Healthcare Home primary care physician consultant.

The Nurse Care Manager may complete the health screening form themselves, or another trained person could complete the form. In either case, the NCM must have a face to face meeting with the client to review the information on the health screening with them, discuss healthcare concerns, and jointly identify treatment goals for inclusion in the client's treatment plan. This face to face meeting must be documented by a progress note in the client record. The NCM must participate in the development of the treatment plan and sign off on the treatment plan to indicate their involvement. The NCM should participate as appropriate in treatment plan reviews.

Health Screening Content

A health screening must include a health history and risk factors. The following are the minimum content and components which must be included in a health screening:

Health History

1. Does the client have a primary care doctor, or other doctor, that they see for care?
2. Has the client seen their medical doctor in the past year?
3. Has the client had a physical exam in the past year?
4. Has the client been hospitalized or gone to the emergency room for psychiatric or medical problems in the past year?
5. Is the client experiencing any pain? Provide a pain rating scale.
6. Request the client'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 surgeries.
7. Has the client had a family member with high blood pressure, hepatitis, high cholesterol, heart attack/heart disease, or diabetes?

8. Does the client have any allergies to medication, foods, and/or environment?
9. Is the client up to date on immunizations?
10. Does the client have a dentist? Do they have any teeth, gum, and/or mouth problems?

Risk Factors

1. Does the client currently smoke or use tobacco products? If so, has the client attempted to stop using tobacco in the past?
2. To what extent does the client exercise, and are they satisfied with the amount of exercise they are doing?
3. Is the client on a special diet? Have they had unexplained weight gain and/or weight loss in the last year?

Health Screening Form

Providers may develop their own health screening form. The health screening may be a paper form or in an electronic medical record (EMR). The health screening may also be incorporated into a comprehensive evaluation/assessment form; it does not have to be a separate stand alone document.

Providers have two options for Healthcare Home health screening forms:

- A health screening form template will be provided by DMH, which an agency can customize and modify to meet their individual needs.
- Providers may continue using their current health screening form if it meets the minimum requirements.

In both cases, to verify the health screening form being used meets the minimum requirements, the form must be emailed to the attention of the Healthcare Home Director Liaison for review and approval.