

# Health Home Participant Intake

## Adult PRP or MT Participant

The list below includes all fields included in the participant intake portion of eMedicaid Health Homes. While providers are encouraged to report all measures, those marked with an asterisk are required.

1. Name of Care Manager Assigned\*
2. Name of primary counselor/therapist
3. Name of Primary Care Provider

### Patient Demographics

4. Last Name (automatically pre-populated)
5. First name\*
6. Gender Identity\*
  - Male
  - Female
  - Transgender
7. Marital Status
  - Never married
  - Formerly married
  - Currently married
8. Sexual Orientation
  - Heterosexual/Straight
  - Lesbian
  - Gay
  - Bisexual
  - Other
  - Unknown/Decline to state
9. Ethnicity
  - Hispanic
  - Non-Hispanic
10. Race (select one or more)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Unknown
  - Decline to state
11. Consent
  - Consent form signed by parent/guardian and included in records\*

### Qualifying Diagnosis

12. Primary Mental Health Condition- select participant's primary MH diagnosis type(s) for which they qualified for PRP/MT services\*:
  - Schizophrenia
  - Major depressive disorder
  - Delusional disorder
  - Psychotic disorder
  - Schizotypal personality disorder

- Borderline personality disorder
- Bipolar I disorder
- Bipolar II disorder
- Other (must specify): \_\_\_\_\_

13. Additional Mental Health Condition: If applicable, please select the patient's additional mental health diagnosis type(s):
  - Adjustment disorder
  - Anxiety disorder
  - Impulse-control disorder
  - Mood disorder (bipolar, depressive, etc.)
  - Personality disorder (borderline, antisocial, narcissistic, paranoid, etc.)
  - Schizophrenia or other psychotic disorder
  - Other (must specify)

### Chronic Conditions & Baseline Data

14. Weight (lbs)\*
15. Height (inches)\*
16. BMI (calculated automatically)
17. Blood Pressure\*
18. Indicate any chronic condition(s) below. Must report associated measures\*:
  - Mental health condition (one or more)
    - Primary SPMI diagnosis (prechecked)
    - Adjustment disorder
    - Anxiety disorder
    - Impulse-control disorder
    - Mood disorder (bipolar, depressive, etc.)
    - Personality disorder (borderline, antisocial, narcissistic, paranoid, etc)
    - Schizophrenia or other psychotic disorder
    - Other (must specify)
  - Substance use disorder
    - Alcohol dependence
    - Drug dependence
    - Active tobacco use
  - Asthma
    - Asthma severity
      - Mild intermittent
      - Mild persistent
      - Moderate persistent

# Health Home Participant Intake

## Adult PRP or MT Participant

The list below includes all fields included in the participant intake portion of eMedicaid Health Homes. While providers are encouraged to report all measures, those marked with an asterisk are required.

- Severe persistent
- Chronic obstructive pulmonary disease
  - Supplemental oxygen-dependent
    - Yes/No
- Diabetes
  - HbA1C
  - Glucose Tolerance Test
  - LDL-C
- Heart Disease
  - LDL-C
  - Blood Pressure (prepopulated)
- Hypertension
  - Blood Pressure (prepopulated)
- Overweight/Obesity (checked if BMI 25+)
  - Physical Activity Level
    - No Activity
    - Less than 3 times per week
    - 3 times per week
    - Greater than 3 times/week
  - Blood Pressure (prepopulated)
- Infectious Disease
  - HIV/AIDS
  - Hepatitis-C

### Social Indicators

#### 19. Employment

- Student
- Employed-Full Time
- Employed-Part Time
- Volunteer
- Self-employed
- Homemaker
- Retired
- Disabled
- Unemployed-actively seeking
- Unemployed-not actively seeking
- Unknown

#### 20. Educational attainment: highest level the participant has achieved or is currently pursuing.

- Current K-12 Student
- Less than high school

- High school/GED
- Vocational training
- Associate's degree
- Bachelor's degree
- Graduate degree

#### 21. Residential status

- Homeless
- Residential care/group home
- Independent living in private residence
- Dependent living in private residence
- Foster Care
- Other: \_\_\_\_\_
- Unknown

#### 22. Recent Legal Incidents

- Arrest- Note: \_\_\_\_\_
- Court Appearance- Note: \_\_\_\_\_
- Jail/Prison post conviction- Note: \_\_\_\_\_

#### 23. Custody Status

- Not applicable
- Full custody
- Shared custody
- No custody-no contact
- No custody-supervised visitation
- No custody-visitation

# Health Home Participant Intake

## OTP Participant

The list below includes all fields included in the participant intake portion of eMedicaid Health Homes. While providers are encouraged to report all measures, those marked with an asterisk are required.

1. Name of Care Manager Assigned\*
2. Name of primary counselor/therapist
3. Name of Primary Care Provider

### Patient Demographics

4. Last Name (automatically pre-populated)
5. First name\*
6. Gender Identity\*
  - Male
  - Female
  - Transgender
7. Marital Status
  - Never married
  - Formerly married
  - Currently married
8. Sexual Orientation
  - Heterosexual/Straight
  - Lesbian
  - Gay
  - Bisexual
  - Other
  - Unknown/Decline to state
9. Ethnicity
  - Hispanic
  - Non-Hispanic
10. Race (select one or more)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Unknown
  - Decline to state
11. Consent
  - Consent form signed by parent/guardian and included in records\*

### Qualifying Diagnosis

#### **12. Attestation of receipt of OTP services\***

**13. Qualifying risk factors\*:** Please select below the substance(s) the participants currently uses or with which they have a history of dependence.

- Tobacco
- Alcohol
- Other non-opioid substance

### Chronic Conditions & Baseline Data

14. Weight (lbs)\*
15. Height (inches)\*
16. BMI (calculated automatically)
17. Blood Pressure\*
18. Indicate any chronic condition(s) below. Must report associated measures\*:
  - Mental health condition (one or more)
    - Primary SPMI/SED diagnosis
    - Adjustment disorder
    - Anxiety disorder
    - Impulse-control disorder
    - Mood disorder (bipolar, depressive, etc.)
    - Personality disorder (borderline, antisocial, narcissistic, paranoid, etc.)
    - Schizophrenia or other psychotic disorder
    - Other: \_\_\_\_\_
  - Substance use disorder
    - Alcohol dependence
    - Drug dependence
    - Active tobacco use
  - Asthma
    - Asthma severity
      - Mild intermittent
      - Mild persistent
      - Moderate persistent
      - Severe persistent
  - Chronic obstructive pulmonary disease
    - Supplemental oxygen-dependent
      - Yes/No
  - Diabetes
    - HbA1C
    - Glucose Tolerance Test
    - LDL-C
  - Heart Disease
    - LDL-C
    - Blood Pressure (prepopulated)
  - Hypertension
    - Blood Pressure (prepopulated)

# Health Home Participant Intake

## OTP Participant

The list below includes all fields included in the participant intake portion of eMedicaid Health Homes. While providers are encouraged to report all measures, those marked with an asterisk are required.

Overweight/Obesity (checked if BMI 25+)

- Physical Activity Level
  - No Activity
  - Less than 3 times per week
  - 3 times per week
  - Greater than 3 times/week
- Blood Pressure (prepopulated)

Infectious Disease

- HIV/AIDS
- Hepatitis-C

Arrest- Note:\_\_\_\_\_

Court Appearance- Note:\_\_\_\_\_

Jail/Prison post conviction- Note:\_\_\_\_\_

### Social Indicators

#### 19. Employment

- Student
- Employed-Full Time
- Employed-Part Time
- Volunteer
- Self-employed
- Homemaker
- Retired
- Disabled
- Unemployed-actively seeking
- Unemployed-not actively seeking
- Unknown

#### 20. Educational attainment: highest level the participant has achieved or is currently pursuing.

- Current K-12 Student
- Less than high school
- High school/GED
- Vocational training
- Associate's degree
- Bachelor's degree
- Graduate degree

#### 21. Residential status

- Homeless
- Residential care/group home
- Independent living in private residence
- Dependent living in private residence
- Foster Care
- Other:\_\_\_\_\_
- Unknown

#### 22. Recent Legal Incidents

#### 23. Custody Status

- Not applicable
- Full custody
- Shared custody
- No custody-no contact
- No custody-supervised visitation
- No custody-visitation