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.

	Care Manager Assigned*	☐ Borderline personality disorder
	orimary counselor/therapist	☐ Bipolar I disorder
3. Name of F	Primary Care Provider	Bipolar II disorder
		Other (must specify):
Patient Demog		13. Additional Mental Health Condition: If applicable,
	e (automatically pre-populated)	please select the patient's additional mental health
5. First name		
6. Gender Id	entity*	diagnosis type(s):
Male		Adjustment disorder
Femal		Anxiety disorder
	gender	☐ Impulse-control disorder
	atus married	☐ Mood disorder (bipolar, depressive, etc.)
	erly married	Personality disorder (borderline, antisocial,
	ntly married	narcissistic, paranoid, etc.)
8. Sexual Or	· · · ·	Schizophrenia or other psychotic disorder
	osexual/Straight	Other (must specify)
Lesbia	_	Under (must specify)
Gay	411	Chronic Conditions & Baseline Data
Bisexi	nal	14. Weight (lbs)*
Other		
	own/Decline to state	15. Height (inches)*
9. Ethnicity		16. BMI (calculated automatically)
Hispan	nic	17. Blood Pressure*
Non-H	Hispanic	18. Indicate any chronic condition(s) below. Must report
10. Race (sele	ect one or more)	associated measures*:
Ameri	can Indian or Alaskan Native	☐ Mental health condition (one or more)
Asian		 Primary SPMI diagnosis (prechecked)
	or African American	 Adjustment disorder
	e Hawaiian or Other Pacific Islander	 Anxiety disorder
White		o Impulse-control disorder
Unkno		•
Declin	ne to state	o Mood disorder (bipolar, depressive, etc.)
11. Consent		o Personality disorder (borderline, antisocial,
	nt form signed by parent/guardian and	narcissistic, paranoid, etc)
	ed in records*	 Schizophrenia or other psychotic disorder
meraa	ed in records	Other (must specify)
Qualifying Diagnosis		Substance use disorder
12. Primary Mental Health Condition- select		 Alcohol dependence
•	t's primary MH diagnosis type(s) for	 Drug dependence
	y qualified for PRP/MT services*:	 Active tobacco use
	phrenia	☐ Asthma
Major	depressive disorder	Asthma severity
	ional disorder	2011
	otic disorder	
	one disorder otypal personality disorder	o Mild persistent
	nypai personanty disorder	 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 	 ☐ High school/GED ☐ Vocational training ☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree
 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 	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: Dail/Prison post conviction- Note: Jail/Prison post conviction- Note: Status Not applicable Full custody Shared custody No custody-no contact No custody-supervised visitation
Social Indicators 19. Employment Student Employed-Full Time Employed-Part Time Volunteer Self-employed	☐ No custody-visitation
Homemaker Retired Disabled Unemployed-actively seeking Unemployed-not actively seeking Unknown 20. Educational attainment: highest level the participant has achieved or is currently pursing.	
☐ Current K-12 Student ☐ Less than high school	

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*	Chronic Conditions & Baseline Data	
2.	Name of primary counselor/therapist	14. Weight (lbs)*	
3. Name of Primary Care Provider		15. Height (inches)*	
		16. BMI (calculated automatically)	
Patient Demographics		17. Blood Pressure*	
	Last Name (automatically pre-populated)	18. Indicate any chronic condition(s) below. Must	+
	First name*		_
6.	Gender Identity*	report associated measures*:	
	☐ Male Female	Mental health condition (one or more)	
	Transgender	 Primary SPMI/SED diagnosis 	
7.	Marital Status	 Adjustment disorder 	
٠.	Never married	 Anxiety disorder 	
	Formerly married	 Impulse-control disorder 	
	Currently married	 Mood disorder (bipolar, depressiv 	⁄е,
8.	Sexual Orientation	etc.)	
	☐ Heterosexual/Straight	 Personality disorder (borderline, 	
	Lesbian	antisocial, narcissistic, paranoid, e	tc.)
	Gay	 Schizophrenia or other psychotic 	,
	Bisexual	disorder	
	Other		
_	Unknown/Decline to state	o Other:	
9.	Ethnicity	Substance use disorder	
	Hispanic	 Alcohol dependence 	
10	Non-Hispanic	 Drug dependence 	
10.	Race (select one or more) American Indian or Alaskan Native	 Active tobacco use 	
	Asian Asian	Asthma	
	Black or African American	 Asthma severity 	
	Native Hawaiian or Other Pacific Islander	 Mild intermittent 	
	White	 Mild persistent 	
	Unknown	 Moderate persistent 	
	Decline to state	Severe persistent	
		Chronic obstructive pulmonary disease	
11.	Consent	Supplemental oxygen-dependent	
	Consent form signed by parent/guardian and		
	included in records*	o Yes/No	
0 1:0 : D: :		Diabetes	
Qualifying Diagnosis		• HbA1C	
12. Attestation of receipt of OTP services*		 Glucose Tolerance Test 	
13. Qualifying risk factors* : Please select below the		• LDL-C	
substance(s) the participants currently uses or		☐ Heart Disease	
with which they have a history of dependence.		• LDL-C	
	Tobacco	 Blood Pressure (prepopulated) 	
	Alcohol	Hypertension	
	Other non-opioid substance	Blood Pressure (prepopulated)	
		- Dioda i i codul C (pi cpopulateu l	

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+)	Arrest- Note:
Physical Activity Level	Court Appearance- Note:
No Activity	Jail/Prison post conviction- Note:
Less than 3 times per week	
o 3 times per week	
•	23. Custody Status
Blood Pressure (prepopulated)	☐ Not applicable
☐ Infectious Disease	Full custody
o HIV/AIDS	☐ Shared custody
 Hepatitis-C 	☐ No custody-no contact
Social Indicators	☐ No custody-supervised visitation
19. Employment	☐ No custody-visitation
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 pursing.	
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