

HEALTH ASSESSMENT TRAINING GUIDE

DMHAS Information Systems Division



April 2015

The **Health** assessment is completed for clients with the Medicaid BHH Insurance type. It is located in DDaP on the Assessment screen under 'Optional Assessments'.

The Health assessment is comprised of the following data:

- Health Assessment Date
- BMI (Body Mass Index)
- Blood Pressure (Systolic and Diastolic)
- What tobacco/nicotine cessation related services/activities were received by the person in the past 90 days?

This training guide takes you through the process of completing the **Health** assessment for a client.

The Health Assessment Form and the Health Assessment Training Guide are located on the DMHAS EQMI Home Page under DDaP User Documentation and Forms found at the following link: <u>http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=334744</u>

Refer to the **DDaP Training Guide**, for instructions on admitting a new client, admitting an existing client, entering and updating Services and Assessments and Discharging clients.

The DDaP Training Guide can be found at the following location:

• In the DDaP Application on the Sidebar in the 'Tools' link under 'Documentation'

HEALTH ASSESSMENT DATA DESCRIPTIONS AND REQUIREMENTS

#	Data Element	Description	Data Type	Required ?	Conditional Requirements	Allowable Values
1	Health Assessment Date	Date on which Health Assessment was performed	Date mm/dd/yyyy	Y	Must be greater than or equal to admission date	>= Admission date
2	BMI	Client(s) BMI at the time of assessment	Decimal	Y	Format - One decimal place (Example: 20.0, 20.1)	10.0 - 100.0
3	Systolic Blood Pressure	Client(s) systolic blood pressure at the time of assessment	Numeric	Y		Allowable Values : 70 - 200
4	Diastolic Blood Pressure	Client(s) diastolic blood pressure at the time of assessment	Numeric	Y		Allowable Values: 30 - 130
5	What tobacco/nicotine cessation related services/activitie s were received by the person in the past 90 days?	Indicates whether the client received tobacco cessation in past 90 days	Checkboxes	Y	Should be able to choose multiple checkboxes. <i>Cannot select</i> <i>any other value if</i> <i>N/A, None or</i> <i>Refused is</i> <i>selected.</i>	 Group Intervention Individual Intervention Nicotine Replacement Therapy (gum, lozenges, patch, etc.) Rewards to Quit Program Educational Materials N/A None Refused

ADDING A HEALTH ASSESSMENT

If adding the Health assessment immediately following a new admission:

1. Select the Assessments for New Admission link on the Admission Complete screen.



2. The ASSESSMENTS screen will display.

<u>OR</u>

If adding the Health assessment to an existing admission:

1. Log into DDaP and search on the client's Last Name or SSN on the Client Management screen.

		тісит	D Mental Healt Dmhas d	DEPARTMENT OF TH AND ADDICT ata Performance	TION SERVIC	ÆS		dmhas
Tools 🔻	<u>Home</u>	Client Managem	ent Roster Ma	inagement	File Manager	nent		
		CLIENT SEARCH						
		Provider: ALL				~		
Test 3.4		Search By: 🔘	Last Name O SS	N O Advance	Last N	ame: ddap	×	
		CLIENT(S) FOUN	D					
		Last Name	First Name S	SN DOB				
		ddap	test	01/01/1976	· ~	Create New Admissi	on	
		ddaptest	jane	02/01/1966	Find Admis	sions <u>Create New A</u>	dmission	
		ADMISSION(S) F	OUND FOR: TEST DD	AP - SORTED BY A	DMIT DT			
		Program(s):	ALL		*			
		Provider	Program	Status	Admit Dt	Discharge Dt		
		Provider	CIProgram	Open	07/01/2014	Details	<u>Discharge</u>	
		Provider	Next Steps Supportive	Discharged	11/12/2013	11/22/2017 Details		
						/		

2. Select Find Admissions and select the Details link next to the desired program.

3. The Client Profile screen will display. Select the **Assessments** tab.

	T.gou	DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES						dmhas
Tools T	Home	Client Proj	Bla	Admission	Diagnosis	Sor	ines	Accorcements
test ddap Provider: CIProvi Bookmarks DEMOGRAPHICS ADDRESS INSURANCE Version Test 3.4	der	Client Pro DEMOGRAPHI First Name: SSN: DOB: Ethnicity: Veteran Status: Gender:	Ite (CS) test (123455789) 01/01/1976 (1976) Non-Hispanic (1976) No (1976) Male (1976)	Mid Initial: SSN Un DOB Un P M	Last Name: dd available Reason: available Reason: rimary Language: En ilitary Start Date: rovider Client ID:	lap v Iglish v	Suffix: Religion: Marital Status: Second Lang: Military End Date:	Assessments
		Race: ADDRESS Address 1: Address 2: City: INSURANCE Insurance:	White/Caucasian street stafford springs Type Medicaid BHH	Policy Num 001234567 001234567	State: C ber Sta 03/ 04/	Connecticut art Date End /01/2014 /01/2015] Zip: 0	6076
				CLIENT MGT	ROSTER MGT	EDIT		Client Profile

- 4. The ASSESSMENTS screen will display.
- 5. Select 'Health' from the OPTIONAL ASSESSMENTS drop list and select the CREATE button.

	CI.go	dmhas				
	STATE OF CONNEC	TICUT	DMHAS Data Performance Syst	em		
Tools 🔻	<u>Home</u>	Client Profile	Admission	Diagnosis	Services	Assessments
ddap test ▼ Provider		REQUIRED ASSESSMEN Assessments:				
Bookmarks REQUIRED		OPTIONAL ASSESSMEN	TS			
OPTIONAL HISTORY	-	Assessments:	Select One X Y	CREATÉ		
Version Test 3.4		ASSESSMENT HISTORY	Co-Occurring Education			
		Assessment Date 11/02/2014	Hospital Emergency Room Hospitalization	79 🖻		
			Periodic			
			CLIENT MGT	ROSTER MGT		Assessments

6. The HEALTH ASSESSMENT screen will display.

Tarte or consucciu DMHAS Data Performance System Tools Lécal Celent Provile Admission Jane test Situ coese77765 Provider Version Test 3.4 Health Assessment Date Biodo Pressure Systolic Diastolic Umbassion It does a for our public de services/activities were received by the person in the past 90 days? Group Intervention Rewards to Quit Program None None		CI.go	Ment	Department o CAL HEALTH AND ADDIO	dmhas		
Tools * HSD2 Client Profile Admission Diagnosis Services Assessments jane test * Skr: 08897765 Provider HEALTH ASSESSMENT Health Assessment Date Image: Client Profile Image:		STATE OF CONNEC	TICUT	DMHAS Data Performance			
jane test * SN: 08877755 Provider Version Test 3.4 BMI Blood Pressure Systolic Diastolic ////////////////////////////////////	Tools *	Home	Client Profile	Admission	Diagnosis	Services	Assessments
What tobacco/nicotine cessation related services/activities were received by the person in the past 90 days? Group Intervention Rewards to Quit Program Nicotine Replacement Therapy (gum, lozenges, patch, etc) Educational Materials Refused None N/A	jane test SSN: 088877765 Provider Version Test 3,4		HEALTH ASSESSMENT Health Assessment Date BMI BBIOOD Pressure Systolic Diastolic	e]			
SAVE SAVE & EXIT CANCEL Health Assessment			What tobacco/nicotine Group Interventic Rewards to Quit P Educational Mate	cessation related services, on Individ rogram Nicotir rials Refuse N/A	/activities were received by dual Intervention he Replacement Therapy (gu ed	, the person in the past 90 o	days? Health Assessment

7. Complete the HEALTH ASSESSMENT data fields as noted below:

HEALTH ASSESSMENT DATE	REQUIRED. Enter the date when Health Assessment was completed in the correct MM/DD/YYYY date format, or select the date from the calendar.			
ВМІ	REQUIRED. Enter the Body Mass Index number. (Include decimal point.)			
BLOOD PRESSURE	REQUIRED. Enter the Systolic and the Diastolic blood pressure numbers.			
What tobacco/nicotine cessation related services/activities were received by the person in the past 90 days?	REQUIRED. Select all that apply. Select N/A if they do not apply. Select None if the client has not participated in or received any of the nicotine cessation services. Select Refused if the client refused nicotine cessation services. If N/A , None or Refused is selected, no other services or activities can be selected.			

8. Once the fields have been completed, select the SAVE & EXIT button at the bottom of the screen. (Select SAVE to save and remain on the screen. Select CANCEL to not save the Health Assessment.)

<u>Note</u>: Once the **Health** assessment data has been completed and the **SAVE** button is selected, the **CANCEL** button will take you off the screen with the original **Health** assessment data saved.)

9. The Health assessment information will display in the ASSESSMENT HISTORY grid.

C	Tigo	dmhas				
STAT	E OF CONNEC					
Tools Tools	ome	Client Profile	Admission	Diagnosis	Services	Assessments
ddap test 🔻		REQUIRED ASSESSMENT	ſS			
Provider		Assessments:	Select One	✓ CREATE		
Bookmarks		OPTIONAL ASSESSMEN	ſS			
OPTIONAL HISTORY		Assessments:	Select One	CREATE		
Version Test 3.4		ASSESSMENT HISTORY				
		Assessment Date A 04/15/2015 H	lealth	× 🖻		
		11/02/2014 P	eriodic	79 🖻		
				CLIENT MGT ROSTER MGT		Assessments

- **10.** Select the open in the **ASSESSMENT HISTORY** grid to view or edit the assessment.
- **11.** Select the delete \bowtie icon in the grid to delete the assessment.
- 12. Select the CLIENT MGT button to return to the Client Search.
- 13. Select the **ROSTER MGT** button to return to the **Roster Search**.
- 14. Select any of the tabs in the Navigator Bar to go to another screen to view or update data.
- **15.** The **Health** assessment now displays in the **OPTIONAL ASSESSMENTS** drop list and another **Health** assessment can be added in the future.

	CT.go		DEPARTMENT OF NTAL HEALTH AND ADDICT	TION SERVICES		dmhas
Tools T	Home	Charle Durfle	Adminute	Disersois	Constant	•
		Client Profile	Admission	Diagnosis	Services	Assessments
ddan tast T		REQUIRED ASSESSME	NTS			
Provider						
rionaci		Assessments:	Select One	CREATE		
Bookmarks	-	OPTIONAL ACCECCHE				
REQUIRED	, ,	OPTIONAL ASSESSME	NIS			
OPTIONAL		Assessments:	Select One	CREATE		
HISTORY			Select One			
			Co-Occurring			
Version Test 3.4		ASSESSMENT HISTORY	Education			
Test 014		Assessment Date	Health			
		04/15/2015	Hospital Emergency Room	X		
		11/00/0014	Hospitalization			
		11/02/2014	Periodic			