

CMHC HEALTHCARE HOME

Health Screening Guidelines

The purpose of the health screening is to guide treatment goals addressing clients' physical health conditions in order to promote recovery for the whole person. A health screening must be complete for all clients enrolled in Healthcare Home at the time of the annual assessment; the first of which will be subsequent to contacting the client and introducing them to Healthcare Home services. The Nurse Care Manager should have a face-to-face interview with the client to discuss their healthcare concerns and treatment goals and review the information on the health screening. The Nurse Care Managers must sign-off that they reviewed the health screening with the client by the client's next annual review subsequent to contacting the client of Healthcare Home services.

The minimum components that must be included in an agency's health screening are as follows:

Health History

1. Does the client have a primary care doctor, or other doctor, 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, elimination, GU, Neurological, musculoskeletal, adult sexual development (male/female), and surgeries
7. As the client had a family member with high blood pressure, hepatitis, high cholesterol, heart attack/heart disease, or diabetes?
8. Allergies to medication, foods, environment
9. Has the client ever been immunized or vaccinated?
10. Does the client have a dentist? Do they have any teeth, gum or mouth problems?

Risk Factors

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

Agencies have the following two options when using a health screening form:

1. A template of a health screening form will be provided for agencies to customize and modify to meet their individual needs. Once the agency has finalized their health screening form, they must send a copy to Kellie Shuck, kshuck@cmthealthcare.com, for final approval; or

2. Agencies wanting to continue using their current health screening forms must send a copy to Kellie Shuck, kshuck@cmthealthcare.com, for approval.

Kellie will review forms to affirm that they meet the minimum requirements, and send a copy of approved forms to DMH.