

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Overview: The Health and Behavioral Assessment has been renamed Health Summary. Standards shaded in gray will be removed.

The table below compares the old to the new.

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
6. Do you have any health problems?	1. Do you have any health concerns?
	2. Do you have any of the following? Check all that apply. (NEW) Guardian over health Health Care Proxy Advanced Medical Directives Living Will Power of Attorney over health Health Care Surrogacy Supports do not know if any apply. Other?
	3. Do you need additional assistance in any of the following areas to meet your health care needs? Check all that apply. (NEW) <ul style="list-style-type: none">○ Understanding/accessing transportation○ Understanding/accessing benefits (SSA/SSI)○ Obtaining Medical or Specialist appointments○ Understanding/accessing preventive health needs○ Understanding/accessing health insurance○ Understanding/accessing medications○ Understanding diagnosis

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
	<ul style="list-style-type: none"> ○ Understanding/modifying plans of care ○ Understanding/accessing therapies
	<p>4. Please select the following health and safety risk factors addressed in the annual Support Plan. Check all not addressed in the document. (NEW)</p> <p>Number of reportable critical incidents, if applicable</p> <p>Type of reportable critical incidents</p> <p>Person has completed an annual physical</p> <p>Person reports freedom from abuse, neglect, and/or exploitation</p> <p>Person reports feeling safe at home</p> <p>Person reports feeling treated with dignity and respect</p>
<p>1. Have you seen a doctor in the past year? What kind of doctor?</p> <p>2a. Do you currently have a dentist?</p>	<p>5. Which physicians and specialists have you had appointments with in the past twelve (12) months? Check all that apply. (UPDATED)</p>
	<p>6. Have Reactive Strategies under 65G-8 been used due to behavioral concerns in the past twelve (12) months? (NEW)</p>
	<p>7. Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation in the past twelve (12) months? (NEW)</p>
	<p>8. Have you been Baker Acted in the past twelve (12) months? (NEW)</p>
	<p>9. Have you been to an Urgent Care Center in the past twelve (12) months? (NEW)</p>

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
3. Have you been treated in the emergency room this past year?	10. Have you been to an Emergency Room in the past twelve (12) months?
4. Have you been admitted to the hospital this past year?	11. Have you been admitted to the hospital in the past twelve (12) months?
14. Did you hear about or see reports of: a. Missed doses of medication b. Erratic medication ingestion c. Outdated medications, or medications that do not match med record or prescriptions?	12. Have you had any instances of medication errors in the past twelve (12) months?
	13. Have you been a patient in a same day surgery center in the past twelve (12) months? (NEW)
	14. Are you and your supports aware of your family medical history as it relates to ensuring preventive care for yourself? (NEW)
26. Does the individual appear to need: a. Male preventive health b. Female preventive health c. Vision exam d. Hearing exam	15. Have you received any of the following preventive health in the past twelve (12) months? Check all that apply. <ul style="list-style-type: none"> <input type="radio"/> Annual Physical Exam <input type="radio"/> Annual Physical Exam including gait assessment and fall risk assessment (NEW) <input type="radio"/> Flu Vaccine (NEW) <input type="radio"/> Pneumonia Vaccine (NEW) <input type="radio"/> Zoster (Shingles) Vaccine (NEW) <input type="radio"/> Tetanus-Diphtheria Booster (NEW) <input type="radio"/> Colorectal Cancer Screening (NEW) <input type="radio"/> PSA (Male only)

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
	<ul style="list-style-type: none"> ○ Female Pre-Natal Care if applicable (NEW) ○ Female preventative health care: mammogram ○ Female preventative health care: pap smear or other exams such as ultrasound ○ Bone Density Scan (NEW) ○ Education on self breast exams (NEW) ○ Vision Exam <ul style="list-style-type: none"> ○ Glaucoma ○ Cataracts ○ Hearing Exam (ear wax and hearing screening) ○ Dental Exam ○ Dermatology Exam including skin cancer check (NEW) ○ Areas specific to pertinent family history (NEW)
	<p>16. Have you had any of the following over the last twelve (12) months? (NEW)</p> <ul style="list-style-type: none"> Unplanned weight gain of 10 or more lbs. Unplanned weight loss of 10 or more lbs. Two (2) or more falls Problems with skin breakdown
5. Do you take any prescription medicines?	17. What Prescription medications do you currently take? Check all that currently apply. (UPDATED)
	18. Do you currently take any PRN (pro re nata/ as needed) medications (e.g. pain relievers)? (NEW)
5a. Do you take any prescription medicines-OTC?	19. Do you currently take any other medications (e.g. Over the Counter, Herbal Supplements, Vitamins, Dietary

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
	Supplements)?
27. a b c. Has anyone ever talked to you about safe habits?	20. Are you aware of the risks of any of the following habits? <input type="radio"/> Sexual Activity <input type="radio"/> Smoke Tobacco or tobacco products <input type="radio"/> Alcohol Beverages including wine, liquor, or beer
12. Does the individual know why medication is taken? 13. a b. Does the individual: Require information/education about medication, side effects?	21. Do you want more education about any of the following? Mark if answer is yes. <input type="radio"/> Medications and Side Effects <input type="radio"/> Safe Sex <input type="radio"/> Alcohol Programs if you feel you have a problem <input type="radio"/> Smoking Cessation Programs <input type="radio"/> Preventive Health
20 a-f. Do you currently receive the following? 21 a-f. Does the individual state a need for additional services/supports from: 22 a-f. Does the individual appear to need a: 23. Does the individual appear to need Adaptive equipment evaluation? 25. Does the individual appear to need Environmental modifications? 33. Do people significant to the person feel a behavioral assessment is warranted?	22. Does the individual appear to have or report a need for any of the following therapies that are not currently being rendered? Check all that apply. <input type="radio"/> Occupational Therapy <input type="radio"/> Speech Therapy <input type="radio"/> Physical Therapy <input type="radio"/> Massage Therapy <input type="radio"/> Nutritional Support <input type="radio"/> Respiratory Therapy <input type="radio"/> Adaptive Equipment Evaluation <input type="radio"/> Oral Motor Evaluation <input type="radio"/> Swallow Study <input type="radio"/> Nursing Evaluation

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
	<ul style="list-style-type: none"> ○ Environmental Accessibility Assessment ○ Specialized Mental Health Assessment ○ Behavior Assessment
24. Does the individual have Adaptive Equipment?	23. Is adaptive equipment in good working condition?
17. Do you have any problems drinking? 18. Do you have any problems eating/swallowing?	24. Do you need any additional special supports or equipment to assist in mobility, drinking liquids or eating food? Check all that apply.
	25. Have you registered with a special need shelter or have an emergency evacuation plan in place? (NEW)
39. Does the individual have Medicare?	26. Do you currently have Medicare (in addition to Medicaid)?
40. Does the individual have private insurance?	27. Do you currently have Private Insurance?
41. Does the individual have private pay?	28. Did you Private Pay for any of your health care services in the past twelve (12) months?
45. Did the reviewer contact the RN reviewer? 44. Did the reviewer contact the Area MCM?	29. Did the review contact: <ul style="list-style-type: none"> ○ Delmarva RN reviewer? ○ Region/Area Medical Case Manager? ○ Region/Area APD Staff?
7. In the past year is your health: Better Worse Same	
8 a-c. Do you need help to take medicine?	
9 and 9a. Does the individual take seizure medication?	
10 and 10a. Does the individual take behavior/psychiatric medication?	

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
11. Does the individual take medication for chronic conditions such as: diabetes, hypertension, thyroid, heart, gastrointestinal disorders, blood disorders, or respiratory disorders?	
15 a-d. How does the person communicate?	
16. Do you have a gastrostomy tube?	
19. Is the individual continent of bowel?	
19 a. Is the individual continent of bladder?	
28. Have you been told you need to stop doing certain things or certain behaviors?	
29. Do you remember what those things are that you need to stop doing?	
30. Does someone make a chart or picture showing how you are doing with your behavior issues.	
31. Did you hear, see or talk about any challenging behaviors the person exhibits?	
32. Does an individual residing in a Behavior Focus or Intensive Behavior, have a behavior plan with a current LRC review (if required, within past 12 months)?	
34. If the individual takes medication for “behavior” and they’re still having problems, have they had a behavioral assessment?	
35. Does the individual receive behavioral services?	
36. Do people significant to the person feel that behavioral services are warranted?	
37. Does the person appear to be angry, confused, guilty/ashamed, anxious/worried, stressed, sad, fatigued, restless, or lonely?	

Delmarva Tool Revisions

Quick Reference Guide – Health Summary

Old – Health and Behavior Assessment 45 questions	New – Health Summary 29 questions
38. Does the person express feelings of being angry, confused, guilty/ashamed, anxious/worried, stressed, sad, fatigued, restless, lonely and want to talk to someone about it?	
42 a b. Are you responsible for your health care needs?	
43 a-c. Do you require any special equipment in case of emergencies?	

Controlled document