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## THE NEW HEALTH & PHYSICAL FORM: A CDA-APPROVED STANDARDIZED TOOL

The NEW Health & Physical (H & P) Form is a component of the California Department of Aging's Quality Assurance and Improvement Strategy, and closely aligns with the new Individual Plan of Care (IPC) that will be implemented no earlier than March 1, 2019.

The California Department of Aging (CDA) delegated the task of standardizing an H & P Form to a work group headed by CAADS which was comprised of ADHC / CBAS providers, CDA staff; Medi-Cal Managed Care Plan personnel, and CAADS staff.

ADHC / CBAS providers should now begin using the NEW Health & Physical (H & P) Form as part of the initial enrollment process for new ADHC / CBAS participants.

Here's what will help you get your staff and systems up-to-speed with the NEW H & P:

• **H & P FORM** (ISSUED 2018-11-01)

\$99.00

Non-Members:

- PCP STANDING ORDERS TEMPLATE (ISSUED 2018-11-01)
- **H & P INSTRUCTIONS** (ISSUED 2018-11-01)
- ADDENDUM TO H & P INSTRUCTIONS (ISSUED 2018-10-25)
- CAADS H & P Training Recording and Slides

**CAADS MEMBERS: NO CHARGE**, A BENEFIT OF MEMBERSHIP AVAILABLE ON THE *Members Only* PAGE \* TOTAL ORDER: \$ \* Required \* Center Name/Organization: \_\_\_\_\_\_ \* Your Name: \* Email: City/State/Zip: ☐ Payment by CREDIT / DEBIT CARD is authorized in the amount of \$ Visa Credit / Debit Card Mastercard Credit / Debit Card Discover Credit Card American Express Credit Card C V V Code: \_\_\_\_\_ Expiration (Month & Year): \_\_\_\_/ \_\_\_\_ Cardholder's Signature: \_\_\_\_\_ Name (as it appears on card): \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Billing Address (if different from above):

Questions? Contact CAADS at (916) 552-7400 or email caads@caads.org

PLEASE SUBMIT COMPLETED FORM WITH PAYMENT TO: