



Behavioral Health Home (BHH) Services

Required Data Elements

Health Wellness Assessment and Patient Registry

This document provides the list of required data elements for the health wellness assessment and patient registry.

- Gather the health wellness assessment elements within 60 days after intake into BHH services. There is no specific health wellness assessment template required by DHS for BHH services; however, it is the BHH services provider's responsibility to ensure that each of the required elements is included in an assessment.
- Upon certification, a patient registry is required and providers must use it to manage care.

Element	Patient Registry	Health Wellness Assessment
Name	X	X
Preferred name		X
Date of birth		X
Age	X	X
Emergency contact		X
Legal guardian and contact		X
Date diagnostic assessment (DA) completed		X
Preferred means of communication (face to face, phone call, or other)		X
Sex assigned at birth	X	X
Gender identity	X	X
Pronoun		X
Race <ul style="list-style-type: none"> • American Indian and Alaska Native • Asian • Native Hawaiian or other Pacific Islander • Black or African American • White • Some other race alone • Unknown 	X	X
Ethnicity <ul style="list-style-type: none"> • Not of Hispanic Origin 	X	X

Element	Patient Registry	Health Wellness Assessment
<ul style="list-style-type: none"> • Puerto Rican • Mexican • Cuban • Other specific Hispanic • Hispanic origin regardless of race • Unknown 		
<p>Reside on reservation</p> <ul style="list-style-type: none"> • Bois Forte • Fond-du-Lac • Grand Portage • Leech Lake • Lower Sioux • Mille-Lacs Band • Prairie Island • Red Lake • Shakopee • Upper Sioux • White Earth • Other • No—doesn't reside on reservation • Unknown 		X
<p>Tribal enrollment</p> <ul style="list-style-type: none"> • Bois Forte • Fond-du-Lac • Grand Portage • Leech Lake • Lower Sioux • Mille-Lacs Band • Prairie Island • Red Lake • Shakopee • Upper Sioux • White Earth • Other • Not enrolled • Unknown 		X
<p>Veteran and military status</p> <ul style="list-style-type: none"> • No • Yes, no combat • Yes, served in combat zone • Yes, combat unknown • Unknown 		X
<p>Is veteran receiving VA mental health services?</p> <ul style="list-style-type: none"> • Yes • No • Unknown 		X
<p>Is person currently on supervised release?</p>		X

Element	Patient Registry	Health Wellness Assessment
Children under 18 years of age <ul style="list-style-type: none"> • Yes • No • Unknown 		X
Children age range(s) (if applicable) <ul style="list-style-type: none"> • 0-5 • 6-11 • 12-17 • Unknown 		X
Children reside with the client (if applicable) <ul style="list-style-type: none"> • Full-time • Part-time • Not at all • Unknown 		X
Children have special needs (if applicable) <ul style="list-style-type: none"> • Yes • No • Unknown 		X

Financial and social service benefits

Element	Patient Registry	Health Wellness Assessment
Person, parent or guardian sources of income		X
Current programs, services, resources and benefits programs that person is receiving <ul style="list-style-type: none"> • Child Care Assistance Program (CCAP) • Supplemental Nutrition Assistance Program (SNAP) • Women, Infants, and Children (WIC) • Minnesota Family Investment Program (MFIP) • Community Alternative Care Waiver (CAC) • Community Access for Disability Inclusion Waiver (CADI) • Brain Injury Waiver (BI) • Developmental Disability Waiver (DD) • Elderly Waiver (EW) • Other 		X

Health care coverage

Element	Patient Registry	Health Wellness Assessment
Managed care organization (MCO) name (if applicable)		X
Does person have care coordinator at MCO (if applicable)		X
Is person dual-eligible (receives MA and Medicare)?		X

Housing

Element	Patient Registry	Health Wellness Assessment
Housing status		
<ul style="list-style-type: none"> Homeless or shelter Foster care or foster home Residential care Crisis residence Institutional setting Jail or correctional facility Private residence — independent living Private residence — dependent living Other housing status Unknown 	X	X

Employment and education

Element	Patient Registry	Health Wellness Assessment
Employment status		
<ul style="list-style-type: none"> Employed full-time Employed part-time Looking for work or unemployed 		X
Not in the labor force		
<ul style="list-style-type: none"> Homemaker Student Retired Disabled Hospital patient or resident of other institutions Other reported classification (volunteers) Sheltered employment Unknown (Crisis & HWS) 		X
Past employment		X
Highest education level completed		
<ul style="list-style-type: none"> Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12 or GED Vocational or tech school College freshman College sophomore College junior College senior Graduate or professional school Unknown 	X	X
Education enrollment status		
<ul style="list-style-type: none"> Enrolled Not enrolled, but wants help enrolling Not enrolled and not interested in enrolling Unknown 		X

As applicable

Element	Patient Registry	Health Wellness Assessment
School or child care name and contact information		X
Existence of an IFSP, IEP or 504 plan		X
Involvement of child welfare or juvenile justice system		X
Child welfare or juvenile justice contact information		X

Social support

Element	Patient Registry	Health Wellness Assessment
Name and contact information of key family or support network (may be multiple)		X
For children and youth: Parent or guardian resources and education needed to support the family in achieving BHH goals		X
Currently a caregiver for someone other than a child (Yes or No)		X

Safety and risks

Element	Patient Registry	Health Wellness Assessment
General – Follow agency’s current safety protocol for assessing safety and risks		X

Cultural and spiritual beliefs and practices

Element	Patient Registry	Health Wellness Assessment
Primary language		X
Preferred language (may not be person’s primary language)	X	X
Need for interpreter		X
Spirituality (current practice or spiritual community membership)		X
Cultural and spiritual beliefs that should be utilized in the provision of BHH services and in the health action plan		X

Physical health, mental health, and chemical substance health

Element	Patient Registry	Health Wellness Assessment
Physical health diagnosis	X	X
Additional physical health diagnosis if applicable (include additional patient registry field for each additional diagnosis)	X	
Any other health symptoms or concerns		X
Primary care doctor and clinic and contact info		X

Element	Patient Registry	Health Wellness Assessment
Date of last visit with primary care provider (may include general timeframe if exact date unknown)	X	X
Person, parent or guardian impression of relationship with primary care doctor		X
Dentist and contact information		X
Dental exam within the past 12 months (Yes or No)	X	X
Person, parent or guardian impression of relationship with dentist		X
Specialist(s) and contact information		X
Medications and dosages		X
Advanced care directive existence		X
Taking medication(s) as prescribed? (Yes or No)		X
List of medical equipment or supplies		X
Mental health diagnosis	X	X
Other mental health diagnosis if applicable (include additional patient registry field for each additional diagnosis)	X	
Any other behavioral health symptoms or concerns		X
Behavioral health provider and contact information		X
Person, parent or guardian impression of relationship with behavioral health provider		X
Date of last appointment with behavioral health provider (may include general timeframe if date unknown)		X
Last appointment with prescriber for psychiatric medications (may include general timeframe if date unknown)		X

As applicable

Element	Patient Registry	Health Wellness Assessment
Any known current substance use disorder diagnosis (includes any current diagnosis for nicotine dependence)?	X	X
Current SUD treatment status (any SUD treatment other than nicotine dependence treatment) <ul style="list-style-type: none"> • Currently receiving treatment • No current treatment and no past treatment • No current treatment, but received past treatment • Declined to answer 	X	X
Other substance use status (for example, results of CAGE-AID, Kiddie-CAGE, GAIN-SS or other approved substance use disorder screen). <ul style="list-style-type: none"> • Results do not indicate a problem • Results indicate a problem • Person uses substance(s) but results do not indicate a problem 	X	X

Element	Patient Registry	Health Wellness Assessment
<ul style="list-style-type: none"> Unknown Not applicable; person currently receiving SUD treatment 		
Does person have any concerns regarding their current substance use (including their use of commercial tobacco, if applicable)?		X
Do you use one or more commercial tobacco products, including e-cigarettes?	X	X
<ul style="list-style-type: none"> Never used Past use or in recovery Yes, I currently use one or more commercial tobacco products Unknown 		
Is person exposed to secondhand smoke? (screen for all ages served)		X
<ul style="list-style-type: none"> Yes No Unknown 		
Nicotine dependence treatment status	X	X
<ul style="list-style-type: none"> Currently receiving treatment (nicotine replacement therapy, medication, or counseling services) No current treatment and no past treatment No current treatment, but received past treatment Declined to answer Not applicable: Never used commercial tobacco 		
If applicable, describe referrals based on screen results, person's concerns for commercial tobacco use, or other substance use		X

Transportation

Element	Patient Registry	Health Wellness Assessment
Access to transportation (in general and to participate in BHH services)		X