**Please select the reporting period**

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| Beginning – 12/31/2013 |  |
| 1/1/2014 – 3/31/2014 |  |
| 4/1/2014-6/30/2014 |  |
| 7/1/2014-8/31/2014 |  |

Table 1: Chronic condition(s)

|  | | **Qualifying Chronic Condition (s)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Client No.** | **(DM) Diabetes Mellitus Type II** | **Cardiovascular Disease (CVD) including hypertension** | **Congestive Heart Failure (CHF)** | **Coronary Artery Disease (CAD)** | **Chronic Obstructive Pulmonary Disease (COPD)** | **Other Influential Condition(s)** |
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| 1/1/2014 – 3/31/2014 |  |
| 4/1/2014-6/30/2014 |  |
| 7/1/2014-8/31/2014 |  |

Table 2: Payer information

|  | | **Payer** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Client No.** | **Medicare** | **Medicaid** | **Private/ Commercial Insurer** | **Other (free text)** | **None** |
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| 1/1/2014 – 3/31/2014 |  |
| 4/1/2014-6/30/2014 |  |
| 7/1/2014-8/31/2014 |  |

**Table 3: Intervention Characteristics**

| **Intervention Characteristics** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Client No.** | **Intervention Start Date** | **Intervention Goal** | **Intervention Activities/Design** | **Update on achievement of goals** | **Partners involved in intervention** |
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| 1/1/2014 – 3/31/2014 |  |
| 4/1/2014-6/30/2014 |  |
| 7/1/2014-8/31/2014 |  |

Table 4: Additional Resources Required

| **Additional Resources Required** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Client No.** | **Were any additional resources used?** | **Financial**  **(free text)** | **Equipment**  **(free text)** | **Volunteer work**  **(free text)** | **Other (explain)** |
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| Beginning – 12/31/2013 |  |
| 1/1/2014 – 3/31/2014 |  |
| 4/1/2014-6/30/2014 |  |
| 7/1/2014-8/31/2014 |  |

Table 5: Intervention Completion Information

| **Intervention Completion Information** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Client No.** | **Intervention Completion Date** | **Reason for Completion: Achieved intervention goal** | **Reason for Completion:**  **Loss of interest by client** | **Reason for Completion: Moved** | **Reason for Completion: Death** | **Reason for Completion:**  **Other (explain)** |
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