

# Staying Healthy Assessment (SHA) Training

*Information for providers on completing the Staying  
Healthy Assessment for patients*

Developed by Medi-Cal Managed Care Health Plans

## **Welcome**

1) This webinar and slides are available to providers throughout California. For more information on the Staying Healthy Assessment, including copies of this webinar/slides, please visit [www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx](http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx)

# Agenda

- 1) IHEBA/SHA Overview, Goals & Benefits
- 2) SHA Completion & Documentation Process
- 3) SHA Resources
- 4) Electronic SHA & Alternative Assessment Tools
- 5) Questions & Answers

## Definitions

<b>DHCS:</b>	Department of Health Care Services
<b>IHA:</b>	Initial Health Assessment (DHCS Policy Letter 08-003) includes an IHEBA
<b>IHEBA:</b>	Individual Health Education Behavioral Assessment is a generic term for the SHA or DHCS approved alternative assessment tool. IHEBA is a required part of the IHA
<b>SHA:</b>	Staying Health Assessment is the DHCS's sponsored and approved IHEBA

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### IHEBA:

- IHEBA is a generic term for an assessment tool, while SHA is a specific assessment tool. IHEBA can mean SHA, *Bright Futures*, or any other DHCS-approved alternative assessment tool. IHEBA and SHA are not interchangeable terms.
- It is used to identify & document patients' health education needs related to lifestyle, behavior, environment and cultural and linguistic background and follow up.

### SHA:

- The SHA was first created in 1999 and was recently updated in collaboration with Medi-Cal managed care health plans

## Introduction

DHCS requires providers to administer an IHEBA to all Medi-Cal Managed Care patients as part of their Initial Health Assessment (IHA) and well care visits.

The IHA, at a minimum, shall include:

- a physical and mental health history
- identification of high risk behaviors
- assessment of need for preventive screenings or services and health education
- diagnosis and plan for treatment of any diseases

The IHA must be conducted in a culturally and linguistically appropriate manner for all patients, including those with disabilities.

Reference: Title 22, California Code of Regulations, Sections 53851 and 53910.5<sub>4</sub>

### Introduction:

#### 1) Health Risks (optional topic based on presenter's choice)

- Medi-Cal population has a high incidence of chronic and/or preventable illnesses, injuries, and disabilities
- Many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption increase the risk for these illnesses and conditions.
- The CDC estimates that 75% of health care dollars are being spent on treatment of preventable diseases such as these
- Reduces cost over time if prevalence of preventable diseases are reduced

#### 2) DHCS IHEBA Requirement

- Administer IHEBA as part of the Initial Health Assessment for new patients and for subsequent well care visits for current patients
- The IHA includes:
  - a history of the patient's physical and mental health
  - identification of risks
  - assessment of need for preventive screenings or services and health education
  - diagnosis and plan for treatment of any diseases
- IHA service must be accessible.
  - Services shall be provided in language that is easy to understand, the preferred language of the patient, in a culturally appropriate manner, and a way that is fully accessible to patients with disabilities.
  - The IHA must be conducted in a language the patient understands or the provider must ensure that a qualified translator is available.
  - The IHEBA must be made available to the patient in a language they are comfortable reading or it can be read to them by a qualified translator.

## Introduction Continued

**New Staying Healthy Assessment (SHA) forms must be implemented by April 1, 2014**

**Providers are encouraged to begin using the SHA now**

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### **New SHA forms**

- Health Plans consulted with providers to revise and improve the IHEBA forms to make it more user friendly and accurately document the educational needs for different age groups including adults and seniors.
- In 2013, DHCS released the new DHCS sponsored IHEBA forms called Staying Healthy Assessment. We will talk about other types of health education behavioral assessment forms later.
- The SHA also helps to prevent duplication of this information by providing a standardized form
- DHCS requires Medi-Cal providers to administer the SHA or other approved assessment forms starting April 1, 2014

## Individual Health Education Behavioral Assessment Goals

- Identify and track patient high-risk behaviors
- Prioritize patient health education needs related to lifestyle, behavior, environment, and cultural and linguistic needs
- Initiate discussion and counseling regarding high-risk behaviors
- Provide tailored health education counseling, interventions, referral, and follow-up

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### **IHEBA Goals**

- 1) Work with patient to identify high risk behaviors relating to lifestyle, behavior, environment they live in and any cultural & linguistic needs
- 2) Discuss and prioritize with patients the high risk behaviors that they want to address.
- 3) Provide health education counseling, interventions that provider has, or refer to existing programs from the health plan
- 4) Follow up and track progress on behavior change

## Benefits to Providers and Patients

- Builds trust between provider and patient
- Improves patient-provider relationship and patient satisfaction
- Allows for more personalized care plans
- Streamlines HEDIS documentation for providers, ensures members get preventive health services
- Allows provider to document patient counseling

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### **Benefits**

- 1) Build and strengthen trust and relationship among provider and patient. Trust is key to patient's adherence to medical/health regimens.
- 2) Improve patient satisfaction with provider services
- 3) Allow provider to address the unique needs of the patient
- 4) Allow providers to quickly document HEDIS related services on the SHA forms to ease disruption to practice when health plans do chart review for HEDIS measures
- 5) Allows provider to document patient counseling, as required by the USPSTF [United States Preventive Services Task Force] and ACA

## SHA Periodicity Table

Questionnaire	Administer	Administer/Re-administer		Review
Age Groups	Within 120 Days of Enrollment	1 <sup>st</sup> Scheduled Exam (after entering new age group)	Every 3-5 years	Annually (Interval Years)
0-6 mo.	✓			
7-12 mo.	✓	✓		
1-2 yrs.	✓	✓		✓
3-4 yrs.	✓	✓		✓
5-8 yrs.	✓	✓		✓
9-11 yrs.	✓	✓		✓
12-17 yrs.	✓	✓		✓
Adult	✓		✓	✓
Senior	✓		✓	✓

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### Administration

- Updated SHA has added more age groups for kids and teens, as well as adding an additional adult questionnaire specifically for seniors
  - There are 7 age groups between birth and age 17, including:
    - 0-6 months
    - 7-12 months
    - 1-2 years
    - 3-4 years
    - 5-8 years
    - 9-11 years
    - 12-17 years
- After 55 years of age, PCP needs to select the assessment (Adult or Senior) best suited for patient based on health status, biological age, chronic conditions, mobility, etc.
- Initial SHA administration is required within 120 days of enrollment in the health plan, for all age groups.
- Subsequent SHA administration is required at the next doctor appointment for age groups in the 0-17 years age groups, after entering a new age group.
- Subsequent SHA administration is required every 3-5 years for adults and seniors.

### Review

- The SHA should be reviewed annually during the intervening years between administration of a new assessment for all patients aged 1 year and older.

## SHA Recommendations

### 12-17 years old age group:

- Encourage patients to complete the SHA without a parent/guardian
- Annual re-administration is recommended

### Adults and Seniors age group:

- After 55 years of age, use Adult or Senior SHA that is best suited for patient
- Annual re-administration is recommended for seniors

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### 12-17 year olds

- It's recommended for ages 12-17 to complete the SHA on their own (before age 12, a parent or legal guardian should complete the SHA for the child.)
- The provider has the discretion to determine what age self-completion should begin based on cultural and community norms and values.
- Teen health confidentiality laws
  - teens aged 12 and older have the right to privacy for the prevention or treatment of pregnancy, receive birth control, receive an abortion, STD prevention services, STD/HIV testing, STD treatment, rape/sexual assault services, and alcohol and drug abuse treatment. PCPs have the duty to protect minor's rights regarding confidentiality with certain health services. This is why it is important to have adolescents begin completing the SHA on their own as soon as possible, as well as having alone time with their provider, in order to discuss sensitive topics. Parents and providers should be reminded about the importance of preventative health care.
    - Pregnancy and contraception – Cal. Fam. Code 6925
    - Abortion – Cal. Fam. Code 6925, *American Academy of Pediatrics v. Lungren*, 16 Cal.4th 397 (1997)
    - Sexual Assault and rape – Cal. Fam. Code 6928, 6927
    - STDs - Cal. Fam. Code 6926
    - Drugs and Alcohol abuse - Cal. Family Code §6929(b)
- While annual re-administration is not required during the 12-17 age group, it is highly

recommended due to rapidly changing risk factors.

**Adults and Seniors**

- Generally the “adult” questionnaire should be completed by all 18-55 year old patients.
- After 55 years of age, the PCP should select whether the Adult or Senior assessment is best suited for the patient based on health status, biological age, chronic conditions, mobility, etc.
- Annual re-administration is highly recommended for seniors.
  
- For patients with disabilities, providers should use an age-appropriate SHA form.

## SHA Completion

### Assisting the patient in SHA completion:

- Explain the SHA's purpose and how it will be used
- Assure that SHA responses are confidential and will be kept in patient's medical record
- Encourage the patient to self-complete the SHA

### Optional:

- SHA questions may be asked verbally and responses recorded directly in patient's electronic medical record

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### SHA Completion

- Explain the SHA's purpose to patients
  - Purpose of SHA: Assist Medi-Cal providers to:
    - Identify and track patient high-risk behaviors
    - Prioritize patient health education needs related to lifestyle, behavior, environment, and cultural and linguistic needs
    - Initiate discussion and counseling regarding high-risk behaviors
    - Provide tailored health education counseling, interventions, referral, and follow-up
- Patient responses are confidential and will be kept in the patient's medical record.
- Encourage the patient to self-complete the SHA as patients are more likely to answer sensitive questions honestly when self-completing.
- All SHA questionnaires and forms will be available in 12 threshold languages.
- Responsibility of Medi-Cal providers to provide translations of forms and accommodations for people with disabilities
- Forms should be self-completed, although parents are required to complete forms for children under the age of 12.

### Optional

- If preferred, providers can ask SHA questions verbally and record patient responses directly into patient's electronic medical record

## SHA Refusal

- Patients have the right to refuse, decline or skip any or all parts of the SHA
- Encourage patient to complete an age appropriate SHA every subsequent year during a scheduled exam

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### **SHA Refusal**

- Patients should also be informed of their right to refuse, decline, or skip any or all parts of the SHA
- Patient refusals must still be documented and kept in the patient's medical record.
- Additional documentation on refusals are needed, more information on documentation will be talked about on slide 21
- Patients who refuse to complete the SHA should still be encouraged to complete a new age-appropriate SHA every subsequent year.

## SHA Provider Review

### Reviewing the completed SHA with the patient:

- Determine extent of risk factors on patient's health
- Prioritize risk factors to discuss
- Provide tailored health education counseling, intervention, referral, follow up, and risk reduction plan

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### Review

- For review, other clinic staff may assist as long as medical issues are referred to the PCP.
- If SHA responses indicate risk factors, the PCP should explore patient responses to verify risk factors and determine extent to which they may be harming patient's health.
- Whenever possible, the PCP and the patient should develop a mutually agreed upon risk reduction plan
- The PCP should provide tailored health education counseling, intervention, referral, and follow up based on the patient's behavioral risks and willingness to make lifestyle changes
- The PCP must review the SHA with the patient during the years between SHA administrations. The review should include discussion, appropriate patient counseling, and regular follow up regarding risk reduction plans.

## SHA Provider Review

### Alcohol use question:

- The alcohol screening question is based on USPSTF recommendations
- #19 on the Adult SHA
- #23 on the Senior SHA

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Adult and Senior Staying Health Assessments have an alcohol screening question that is based on the US Preventive Services Task Force recommendations.

These questions assess whether over the past year, the member has had the following number of alcoholic drinks in one day:

- 4 or more for women and seniors
- 5 or more for men

## SHA Provider Review

### **New Screening, Brief Intervention and Referral for Treatment (SBIRT) benefit:**

- If “yes” to alcohol question, offer an expanded screening questionnaire (such as the AUDIT or AUDIT-C) and if indicated, one to three 15-minute brief interventions
- These screening questionnaires identify patients with potential alcohol use disorders who need referral for further evaluation and treatment

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- 1) AUDIT is a 10-item questionnaire that assesses whether alcohol use is impairing the member’s functioning.
- 2) AUDIT-C is a 3-item questionnaire that assesses the member’s consumption level.

Information for presenter to answer potential follow-up questions:

- If indicated means the following: When the score is high, the patient should be referred to treatment. When the score is medium, the patient may not need to be referred to treatment and, instead, should be offered brief interventions. This will be further explained during the special training that is required before any provider can offer SBIRT.

NOTE to PRESENTERS:

- MCPs are receiving additional capitation in order to provide these screening and brief intervention services. MCPs are responsible for how they pass along any additional capitation to their providers.

## SHA Provider Review

### Screening, Brief Intervention and Referral for Treatment (SBIRT):

- Providers offering SBIRT are required to take special training. A list of training resources is available – contact your health plan for more information
- The alcohol SBIRT benefit went into effect January 1, 2014

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- 1) Providers must attest to having completed training before they can offer these services.
  - Providers cannot offer the SBIRT services before they are trained. If a patient answers yes to the SHA, the provider must either refer the patient for SBIRT screening by a trained provider or schedule the patient for follow-up after the provider has been trained.
- 2) Training will be available online from a variety of free or low cost educational websites. Additionally DHCS may provide training for MCPs.

#### NOTE TO PRESENTERS:

- It is up to each MCP to determine how they want to work with their providers to ensure patients are getting the necessary screening.
- 3) Go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx> and look under “Additional Resources” for a list of available training opportunities and formats.

## SHA Documentation

The provider must:

- Sign, print his/her name, and date
- Document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- Keep signed SHA in patient's medical record
- Document SHA reviews and SHA refusals

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### Documentation

• **This bullet is optional for presenters** - The previous SHA required the PCP to enter an intervention code, date, and initial next to each patient response that indicated a behavioral risk. This was burdensome, and most PCPs did not complete the required SHA documentation. Within the required SHA documentation, Facility Site Review (FSR) scores were negatively impacted.

• The new SHA only requires the PCP to sign, print their name, and date the questionnaire on the second page. As needed, the PCP checks the appropriate boxes to indicate the topic area and assistance provided to the patient.

• PCPs must also sign, print his/her name, and date the "SHA Annual Review" section of the questionnaire to document that an annual review was completed and discussed with the patient

• Signed SHA's must be kept in patient's medical record

• All SHA reviews and SHA refusals must be documented

• To save time, the MA could print the PCP's name and date, so the PCP only has to sign the form

• Sample forms and where to document on the SHA forms will be shown on upcoming slides

## SHA Refusal Documentation

- Document refusal on the SHA and keep in the patient's medical record
- Check box "Patient Declined the SHA"
- Provider must sign, print name, and date the back page of form

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### **Refusal**

- Documenting patient SHA refusal is much easier than before as well. It simply includes checking the appropriate box and the signature, printed name, and date.

## Document HEDIS Measures

The SHA is an additional document to provide evidence of certain Healthcare Effectiveness Data and Information Set (HEDIS) measures that require patient counseling, referral, the provision of anticipatory guidance, and follow-up, as appropriate.

### Age 0-15 months

- Well child visits ages 0-15 months – Health Education/Anticipatory Guidance

### Age 3-17 years

- Weight assessment and counseling for nutrition and physical activity

### Age 12-21 years

- Adolescent well care – Health Education/Anticipatory Guidance
- Chlamydia screening
- HPV vaccination
- Prenatal care if pregnant (applies at any age)
- Postpartum care (if appropriate)

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### HEDIS Measures

- SHA can be helpful to identify and document certain HEDIS measures
- For example, appropriate documentation for the pediatric obesity HEDIS measure requires that “Nutrition” and “Physical Activity” topics be checked in the “Clinic Use Only” section of the questionnaire.
  - Additionally, the “Counseling, Referral, Anticipatory Guidance, and Follow-up Ordered” boxes for these two topics, “Nutrition” and “Physical Activity”, must be checked, as appropriate, and documented with the PCP’s signature, printed name, and date of service.
- Anticipatory guidance: Anticipatory guidance component of every visit gives the health care professional, parents, and the child or adolescent a chance to ask questions and discuss issues of concern. This guidance is organized around the priority areas, and specific questions and discussion points are provided for the health care professional. Health care professionals are encouraged to adapt and enhance these questions and discussion points to meet the specific needs of their families and communities.
- Encourage notifying Health Plan of pregnancy by use of pregnancy notification form (as appropriate)

## Document HEDIS Measures

### Adults

- Chlamydia screening
- Prenatal care if pregnant
  - Notify Health Plan of all pregnancies by using the pregnancy notification form (as appropriate)
  - Postpartum care (if appropriate)

### Seniors

- Care for older adults
- Functional status screening
- Advance directive

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### HEDIS Measures

- SHA can be helpful to identify and document certain HEDIS measures
- Other items for adults and seniors that can be documented
- Encourage notifying Health Plan of pregnancy by use of pregnancy notification form (as appropriate)

## Staying Healthy Assessment

*(Staying Healthy Assessment)*

### 12 – 17 Years (12 – 17 Years)

<b>Name (first &amp; last)</b> <i>Jane Doe</i>	<b>Date of Birth</b> <i>04-01-99</i>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<b>Today's Date</b> <i>9-10-13</i>	<b>Grade in School:</b> <i>9</i>
<b>Person Completing Form</b> <i>Self</i>			<b>School Attendance Regular?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)	

*Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.*

				<b>Need Interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Clinic Use Only:</b>
				<b>Nutrition</b>
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? <small>(Drinks/eats 3 servings of calcium-rich foods daily)</small>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip
2	Do you eat fruits and vegetables at least 2 times per day? <small>(Eats fruits and vegetables at least 2 times per day?)</small>	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Skip
3	Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? <small>(Eats high fat foods more than once per week?)</small>	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip
4	Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? <small>(Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)</small>	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Skip
5	Do you exercise or play sports most days of the week? <small>(Exercises or plays sports most days of the week?)</small>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Skip
				<b>Physical Activity</b>

- 1) This is where the patient begins to fill out the form. Again, adolescents should be encouraged to begin filling out the form without the help of their parents as soon as possible (after turning age 12).
- 2) Shaded "Clinic Use Only" sections (front & back page) and "Comments" section (back page) may be used to take notes about patient discussion and recommendations.

30	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip
31	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip
32	The last time you had sex, did you use birth control?	Yes	No	Skip
33	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip
34	Did you or your partner use a condom the last time you had sex?	Yes	No	Skip
35	Do you have concerns about liking someone of the same sex?	No	Yes	Skip
36	Do you have any other questions or concerns about your health?	No	Yes	Skip
<i>If yes, please describe:</i>				

1 →

↑ 2

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Sample questions, also showing that questions can be skipped.

- 1) At the end of the last question, patients can write down any other health concerns or questions they may have. Make sure to address these questions or concerns.
- 2) Answers circled in the \*middle column (where the 2<sup>nd</sup> arrow is pointed, highlighted column) indicate a risk factor. If a risk factor is identified, the provider should explore this topic with the patient and determine the extent to which it may be harming the patient's health.

**\* “Yes” and “No” are not always in the same columns. (Important to point out to patient completing it)**

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="text-align: center;">↓ 4</div> <input type="checkbox"/> Patient Declined the SHA
<input checked="" type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PCP's Signature: <i>John Smith</i>	Print Name: Dr. John Smith		Date: 9-10-13		
SHA ANNUAL REVIEW					
PCP's Signature:	Print Name:		Date:		
PCP's Signature:	Print Name:		Date:		
PCP's Signature:	Print Name:		Date:		
PCP's Signature:	Print Name:		Date:		

### For Documentation

- 1) The “clinic use only” section is required to indicate what topics were discussed and what type of assistance was provided to the patient. Tailored health education counseling, referral, anticipatory guidance materials, and follow-up must be provided based on SHA responses.
  - “Counseled”, “Referred”, “Anticipatory Guidance”, and “Follow-up Ordered”
  - These sections are to document what services were offered based on risk factors
  - This is where HEDIS documentation comes in (explained more on next slide)
- 2) PCP must sign, print name and date the newly administered SHA to verify it was reviewed with patient and assistance/follow-up was provided as needed.
- 3) Shaded “Clinic Use Only” sections (front & back page) and “Comments” section (back page) may be used to take notes about patient discussion and recommendations. This section can also be used to note changes to patient responses or to provider recommendations during annual reviews.
- 4) How to document the refusal on the SHA:
  - Enter the patient’s name and date “today’s date” on first page.
  - Check the box “Patient Refused to Complete SHA” (back page),
  - PCP must sign, print name and date the back page.
    - Patients who previously refused to complete the SHA should be encouraged to complete an age appropriate SHA every subsequent year during a scheduled exam. PCP must sign, print name and date an age appropriate SHA each year verifying that the patient continues to refuse to complete the SHA.

<b>Clinic Use Only</b>	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Patient Declined the SHA
<input checked="" type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PCP's Signature: <i>[Signature]</i>	Print Name: Dr. John Smith	Date: 9-10-13	<b>SHA ANNUAL REVIEW</b>		
PCP's Signature: <i>[Signature]</i>	Print Name: John Smith	Date: 9-21-14			
PCP's Signature:	Print Name:	Date:			
PCP's Signature:	Print Name:	Date:			
PCP's Signature:	Print Name:	Date:			

**Documentation Specific to HEDIS and Annual Review**

- 1) The “clinic use only” section is required to indicate what topics were discussed and what type of assistance was provided to the patient. Tailored health education counseling, referral, anticipatory guidance materials, and follow-up must be provided based on SHA responses.
  - “Counseled”, “Referred”, “Anticipatory Guidance”, and “Follow-up Ordered”
  - These sections are to document what services were offered based on risk factors
  - To be acceptable for HEDIS documentation, this section must be completed
- 2) PCP must review completed SHA with patient. Refer to the periodicity chart to determine how often reviews should happen for each age group.
  - For subsequent annual reviews, PCP must sign, print name and date “SHA Annual Review” section (back page) to verify the annual review was conducted with the patient.
  - To make sure HEDIS documentation is acceptable, an annual review must include provider’s signature, printed name, and date indicating that the review is taking place at appropriate intervals.
- 3) Shaded “Clinic Use Only” sections (front & back page) and “Comments” section (back page) may be used to take notes about patient discussion and recommendations.
  - This section can also be used to note changes to patient responses or to provider recommendations during annual reviews.

## SHA Resources

All SHA forms are available for download and printing on the DHCS site at:

[www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx](http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx)

Available languages:

Arabic*	Khmer*
Armenian	Korean
Chinese	Russian
English	Spanish
Farsi*	Tagalog
Hmong	Vietnamese

\* These languages are not currently available on the DHCS website, but can be obtained by contacting your health plan.

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### Resources

- Providers should go to the DHCS website to download all forms
- Arabic, Farsi, and Khmer languages are not accessible on the DHCS website currently. The DHCS operating systems does not have the correct application to convert these languages on their websites. ***These languages are available by email, however. Contact your health plan in order to receive these forms by email.***
- Contact your health plan if you need help accessing the forms

## SHA Electronic Format

- Notify health plan at least two months before start
- Electronic formats: add SHA questions into an electronic medical record, scan the SHA questionnaire into EMR, or use the SHA in another alternative electronic or paper-based format
- Electronic provider signature needed
- Must include all updated and unaltered SHA questions
- Your health plan will review the electronic format to ensure it meets all requirements prior to implementation

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### **Electronic Format**

- Providers should notify their health plan 2 months before implementation if they plan to use an electronic format
- Electronic format must have a way to document provider signature. It is up to providers how they want to do that.
- SHA questions must be the most updated version and questions should not be altered.
- Although prior DHCS approval is not needed for the electronic format, health plans are responsible for ensuring the SHA in it's electronic format meets the guidelines of the hardcopy of the SHA

## Alternative Assessment Tool

- **Use of the SHA tool is strongly recommended**
  - Alternatives are permitted but require pre-approval by DHCS
    - Submit request for approval to use alternative assessment tool through your health plan
- **Any alternative assessments must be translated to the threshold languages of the health plan's members and meet all the same standards as the SHA**
- The American Academy of Pediatrics *Bright Futures* assessment has been pre-approved by DHCS as an alternative IHEBA. It can be used as long as certain conditions are met. Contact your health plan for more information

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### Alternative Assessment

- An alternative assessment tool is any other tool that is not SHA
  - DHCS strongly encourages providers to use SHA
- However, alternatives can be used with prior approval from DHCS
- A request to use an alternative assessment must be submitted to DHCS before implementation. Providers should send requests to their health plans first, who will then send the request on to DHCS. This request must be re-submitted for previously approved alternative assessments every 3 years.
- An alternative assessment must be available in the threshold languages of the health plans members and meet all the same standards as the SHA and are kept updated in accordance with SHA updates
  - The request must include copies of the assessment tools in the appropriate threshold languages for each contracted county.
- Requests to use an alternative IHEBA must meet the following conditions and include:
  - Evidence that the alternative assessment includes the content and specific risk factors included in the most current version of the SHA.
  - The periodicity table and schedule for SHA administration, which, at a minimum, must be comparable to the requirements for the SHA.
  - Alternative assessment questions included as part of an electronic medical record, which must include, at a minimum, the content and specific risk factors

included in the most current version of the SHA.

- A process or method for documenting and verifying that the periodic administrations and annual reviews of the alternative assessment are similar to SHA requirements.
- Providers may use the American Academy of Pediatrics *Bright Futures* assessment as a DHCS pre-approved alternative IHEBA. It can be used as long as certain conditions are met. While prior approval is not needed, providers still must notify their health plan before they implement the *Bright Futures* assessment. Contact your health plan for more information if you plan on using the Bright Futures.

{If providers ask, more info on Bright Futures}

### ***Bright Futures***

• Health plans may use the American Academy of Pediatrics *Bright Futures* assessment without DHCS approval, as long as the following conditions are met:

- The most current version of the *Bright Futures* assessment is used and administered according to *Bright Futures* guidelines.
- Plans must notify DHCS at least one month before the implementation and use of the *Bright Futures* assessment to comply with IHEBA requirements; the notification must include the method/process to be used to document and verify the administration of the assessment and follow-up.
  - Providers should notify their health plans two months before implementation, so the health plan has time to notify DHCS.
- MCPs must indicate which providers or provider groups will be using the *Bright Futures* assessment and for which age groups.
- The *Bright Futures* assessment must be translated into DHCS threshold languages and made available to MCP providers.

## SHA Additional Resources

- SHA Provider Office Instruction Sheet
- SHA Behavioral Risk Topics
- SHA Pediatric Questions by Age Groups
- SHA Adult Questions by Age Groups

All SHA additional resources are available through the DHCS website.

[www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx](http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx)

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### **Additional Resources**

- SHA Instruction Sheet - one page handout that gives instructions on how to complete SHA forms
- Behavioral Risk Topics - lists all the questions by different health categories
- Pediatric Questions - lists all pediatric questions and references which age categories include those questions
- Adult Questions - lists all adult questions and references which age categories include those questions
  
- Additional SHA provider training resources will be on the DHCS website.

## California Health & Wellness Resources

- California Health & Wellness has a number of different resources/services available to assist members in improving their health, including:
  - MemberConnections®
  - Case Management/Care Coordination
  - Disease Management
  - Community resources and health education
- For more information, call (877) 658-0305 or go to [www.CAHealthWellness.com](http://www.CAHealthWellness.com)

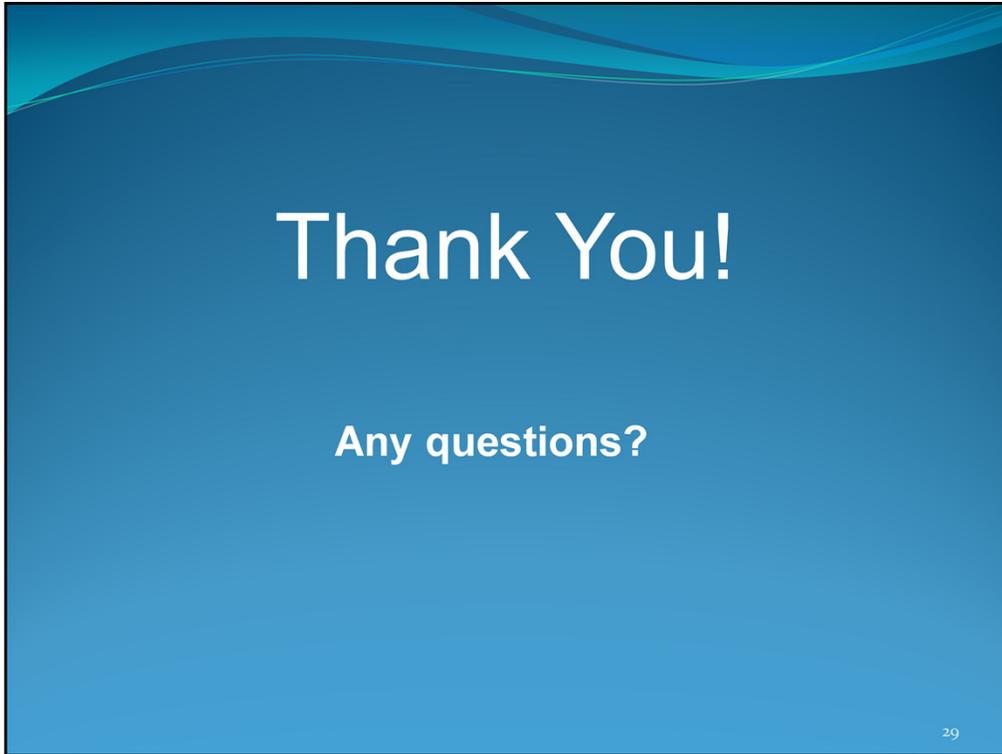
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MemberConnections® is an educational and outreach program for California Health & Wellness members. The program is designed to promote preventive health practices and connect members to health and community social services.

Case Management/Care Coordination is available for California Health & Wellness members with complex medical conditions. Our nurses work with members and their doctors to help them get the care they need.

The primary areas of disease management include: asthma, diabetes, congestive heart failure, hypertension, smoking cessation, weight management and low back pain. Members receive information and support to manage their health conditions and reach their health care goals.

The Health Education Department at California Health & Wellness has a library of health education materials, including information in alternative formats. The Health Education Department can also provide assistance in finding local community resources focused on health promotion and wellness.



Open the presentation up for Q & A