



ORGANIZATION POLICY AND PROCEDURE		
 	Product Line:	
	Medicare Medi-Cal- ADDENDUM Commercial OTHER	
Title: 08-01-16-51-00074-MC- Staying Healthy Assessment (SHA)		
Division(s): Health Care Services		
Department(s): UTILIZATION MANAGEMENT		
CMS:		
DMHC		
NCQA-HP		
NCQA-WHP		
OTHER	POLICY LETTER 13-001 (REVISED)- http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf SHA questionnaires and resources will be available on the DHCS website at: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx	
Approved by:	President/Chief Medical Office/Medical Director	Approval date: 8/1/2016 08/11/2022 Reviewed date: 01/15/2019 01/10/2022 08/10/2022

SCOPE

The Elite Care Health Organization (ECHO) Staff /IPA/Medical Group, Contracted Providers and Practitioners shall follow the procedures set forth in this policy.

PURPOSE

The SHA is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA)

POLICY

The IPA/Medical Group Primary care providers (PCPs) are responsible for reviewing each member's SHA in combination with the following relevant information:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member's demographic data, personal circumstances, family composition, member resources, and social support.
- Local demographic and epidemiologic factors that influence risk status.

To reduce the prevalence of chronic disease for members and decrease costs over time, providers should use the SHA to identify health-risk behaviors and evidence-based clinical prevention interventions that should be implemented. Providers should use interventions that combine patient education with behaviorally oriented counseling to assist members with acquiring the skills, motivation, and support needed to make healthy behavioral changes.

PROCEDURE

MCPs must ensure that each member completes a SHA in accordance with the following guidelines and timeframes prescribed below

- **New Members**
New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA. The effective date of enrollment is the first day of the month following notification by the Medi-Cal Eligibility Data System (MEDS) that a member is eligible to receive services.
- **Current Members**
Current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g., well-baby, well-child, well-woman exam), according to the SHA periodicity table.
- **Pediatric Members**
Members 0–17 years of age must complete the SHA during the first scheduled preventive care office visit upon reaching a new SHA age group. PCPs must review the SHA annually with the patient (parent/guardian or adolescent) in the intervening years before the patient reaches the next age group.
Adolescents (12–17 years) should complete the SHA without parental/guardian assistance beginning at 12 years of age, or at the earliest age possible to increase the likelihood of obtaining accurate responses to sensitive questions. The PCP will determine the most appropriate age, based on discussion with the parent/guardian and the family's ethnic/cultural background.
- **Adult and Senior Members**
There are no designated age ranges for the adult and senior assessments, although the adult assessment is intended for use by 18- to 55-year-olds. The age at which the PCP should begin administering the senior assessment to a member should be based on the patient's health and medical status, and not exclusively on the patient's age.

The adult or senior assessment must be re-administered every 3 to 5 years, at a minimum. The PCP must review previously completed SHA questionnaires with the patient every year, except years when the assessment is re-administered.

Although not required, annual administration of the SHA is highly recommended for the adolescent and senior groups because behavioral risk factors change frequently during these years

SHA Completion by Member:

1. Members should be provided with the following information and guidance on completing the SHA questionnaire:
 - The PCP will use the information to identify behavior risks and to assist the member in adopting healthy behaviors.
 - SHA translations, interpretation services, and accommodations for any disability are available, if needed. The PCP or clinic staff, as appropriate, can also assist the member in completing the SHA.
2. The completed SHA will be kept in the member's confidential medical record.
 - Each member has the right to not answer any assessment question and to refuse, decline, or skip the entire assessment.
 - Each member should be encouraged, when appropriate, to complete the SHA without assistance because this may increase the likelihood of obtaining accurate responses to sensitive or embarrassing questions.
 - If preferred by the member or PCP, the PCP or clinic staff, as appropriate, may orally ask the assessment questions and record responses on the questionnaire or directly into an electronic health record or other electronic format.
3. PCP's Responsibility to Provide Counseling, Assistance, and Follow-Up:
 - The PCP must review the completed SHA with the member and initiate a discussion with the member regarding behavioral risks the member identified in the assessment. Clinic staff members, as appropriate, may assist a PCP in providing counseling and following up if the PCP supervises the clinical staff members and directly addresses medical issues.
 - The PCP must prioritize each member's health education needs and initiate discussion and counseling regarding high-risk behaviors.
 - Based on the member's behavioral risks and willingness to make lifestyle changes, the PCP should provide tailored health education counseling, intervention, referral, and follow-up. Whenever possible, the PCP and the member should develop a mutually agreed-upon risk reduction plan.
 - The PCP must review the SHA with the member during the years between re-administration of a new SHA assessment. The review should include discussion, appropriate patient counseling, and regular follow-up regarding risk reduction plans.
4. SHA Documentation by PCP:

The PCP must sign, print his/her name, and date the "Clinic Use Only" section of a newly administered SHA to verify that it was reviewed and discussed with the member.

 - The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided, by checking the appropriate boxes in the "Clinical Use Only" section.
 - The PCP must 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 member. A member's refusal to complete the SHA must be documented on the age-appropriate SHA questionnaire by:
 - Entering the member's name (or person completing the form), date of birth, and date o

refusal in the header section of the questionnaire.

- Checking the box “SHA Declined by Patient.”
 - Having the PCP sign, print his or her name, and date the “Clinic Use Only” section of the SHA.
- Keeping the SHA refusal in the member’s medical record.
 - The PCP may make notations in the “Clinic Use Only” column to the right of the questions, but this is not required.
- Systems are employed to identify and address barriers to enrollee compliance with prescribed treatments or regimens; and (CMS). Med adherence reports provided by the health plan
- There is appropriate, timely, and confidential exchange of clinical information among provider network components. (CMS)
- A review of the member’s current opioid prescription
- Screening for potential substance use disorders, including a referral for treatment as appropriate.
- The latest edition of the Guide to Clinical Preventive Services is used to determine the provision of clinical preventive services to asymptomatic, healthy adult Members
- Ensure that the USPSTF guidelines are made available to practitioners
- Ensure that sensitive and preventive services are exempt from prior authorization

5. Provider Training:

MCPs must provide training on IHEBA contract requirements to all contracted PCPs and subcontractors. At a minimum, provider training must include:

- IHEBA contract requirements.
- Instructions on how to use the SHA or DHCS approved alternative assessment.
- Documentation requirements.
- Timelines for administration, review, and re-administration.
- Specific information and resources for providing culturally and linguistically appropriate patient health education services/interventions.
- Specific information regarding SHA resources and referral.

The Plan and the Medical Group shall provide resources and training to its providers and subcontractors to ensure the delivery of culturally and linguistically appropriate patient health education services and to ensure that the special needs of vulnerable populations, including SPDs and persons with limited English skills, are addressed in the delivery of patient services

Electronic or Other Formats:

The Plan may implement the SHA in an electronic format without prior approval from MMCD, as long as they notify MMCD at least one month before they begin using the electronic format. The Plan may manually add the SHA questions into an electronic medical record, scan the SHA to use it as an electronic medical record, or use the SHA in another alternative electronic or paper-based format. When the Plan use an alternative format, they must include all updated SHA questions and not alter them.

7. Alternative IHEBA:

The IPA/Medical Group shall continue to strongly promote the use of the SHA to its PCPs in its provider network and will continue to utilize the Health Plans’ SHA form in their prescribed

format.

The IPA/Medical Group shall ensure that it's PCPs have the means to obtain an adequate supply of the SHA questionnaires or DHCS-approved alternative assessment forms and must make sure DHCS approved alternative assessment forms are available in the threshold languages of their members or have interpreters available to translate the questionnaires into a needed language.

Reference(s)

POLICY LETTER 13-001

(REVISED)-

REQUIREMENTS FOR THE STAYING HEALTHY ASSESSMENT/INDIVIDUAL
HEALTH EDUCATION BEHAVIORAL ASSESSMENT

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf>

SHA questionnaires and resources will be available on the DHCS website at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>

Attachment(s)

None