

Staying Healthy Assessment Reminder

As a reminder, the Department of Health Care Services (DHCS) requires Medi-Cal primary care physicians (PCPs) to complete the Staying Healthy Assessment (SHA), DHCS's approved Individual Health Education Behavioral Assessment (IHEBA) for Health Net Community Solutions, Inc. (Health Net) CalViva Health members. To meet requirements, providers who plan to use the SHA through their electronic medical records system or use an alternate tool must obtain prior approval from the health plan.

WHAT IS THE SHA?

The SHA is the established assessment tool that enables PCPs to assess Medi-Cal members' current acute, chronic and preventive health needs. The SHA consists of standardized questions to assist PCPs in:

- Identifying high-risk behaviors of individual members.
- Assigning priority to individual health education needs of Medi-Cal members related to lifestyle, behavior, environment, culture, and language.
- Initiating discussions and counseling regarding high-risk behaviors including smoking and alcohol consumption.
- Providing tailored health education counseling, interventions, referrals, and follow-up care for Medi-Cal members.

REQUIREMENTS

- DHCS requires Medi-Cal PCPs to administer an age-appropriate SHA to new Medi-Cal members as part of the 120-day initial health assessment (IHA) and to existing Medi-Cal members during the next routine health examination.
- PCPs must re-administer the SHA when members enter a new age group.
- PCPs are required to review the SHA with members on an annual basis to determine any changes and provide necessary health education counseling, intervention, referral, and follow-up.
- PCPs must sign, date and document topics discussed and assistance provided, and keep the SHA as part of the patient's medical record.
- Medical records are audited during the Facility Site and Medical Records review process, conducted by the Facility Site Review Compliance Department.

For additional information, a *SHA Instruction Sheet* for providers is included with this update.

OBTAINING SHA FORMS

Providers may download or print electronic versions of the SHA directly from the DHCS website at www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx, where it is available in nine threshold languages. The SHA is also available in English, Spanish,

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569

www.healthnet.com

Arabic, Farsi, and Khmer on the provider website at provider.healthnet.com in the Provider Library > *Forms*.

ADDITIONAL INFORMATION

To request approval to use an electronic version of the SHA or an alternate tool, contact the Health Education Department at 1-800-804-6074.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

STAYING HEALTHY ASSESSMENT (SHA)

Instruction Sheet for the Provider Office

SHA PERIODICITY TABLE

Questionnaire Age Groups	Administer	Administer /Re-Administer		Review
	Within 120 Days of Enrollment	1 st Scheduled Exam (after entering new age group)	Every 3-5 Years	Annually (Intervening Years)
0 - 6 Mo	√			
7 - 12 Mo	√	√		
1 - 2 Yrs	√	√		√
3 - 4 Yrs	√	√		√
5 - 8 Yrs	√	√		√
9 -11 Yrs	√	√		√
12 - 17 Yrs	√	√		√
Adult	√		√	√
Senior	√		√	√

SHA COMPLETION BY MEMBER

- ❖ Explain the SHA's purpose and how it will be used by the PCP.
- ❖ Offer SHA translation, interpretation, and accommodation for any disability if needed.
- ❖ Assure patient that SHA responses will be kept confidential in patient's medical record, and that patient's has the right to skip any question.
- ❖ A parent/guardian must complete the SHA for children under 12.
- ❖ Self-completion is the preferred method of administering the SHA because it increases the likely hood of obtaining accurate responses to sensitive or embarrassing questions.
- ❖ If preferred by the patients or PCP, the PCP or other clinic staff may verbally asked questions and record responses on the questionnaire or electronic format.

PATIENT REFUSAL TO COMPLETE THE SHA

- ❖ How to document the refusal on the SHA:
 - 1) Enter the patient's name and "date of refusal" on first page
 - 2) Check the box "SHA Declined by Patient" (last page page)
 - 3) PCP must sign, print name and date the back page
- ❖ Patients who previously refused/declined to complete the SHA should be encouraged to complete an age appropriate SHA questionnaire each subsequent year during scheduled exams.
- ❖ PCP must sign, print name and date an age appropriate SHA each subsequent year verifying the patient's continued refusal to complete the SHA.

SHA RECOMMENDATIONS

Adolescents (12-17 Years)

- Annual re-administration is highly recommended for adolescents due to frequently changing behavioral risk factors for this age group.
- Adolescents should begin completing the SHA on their own at the age of 12 (without parent/guardian assistance) or at the earliest age possible. The PCP will determine the most appropriate age, based on discussion with the family and the family's ethnic/cultural/community background.

Adults and Seniors

- The PCP should select the assessment (Adult or Senior) best suited for the patient's health & medical status, e.g., biological age, existing chronic conditions, mobility limitations, etc.
- Annual re-administration is highly recommended for seniors due to frequently changing risk factors that occur in the senior years.

PCP RESPONSIBILITIES TO PROVIDE ASSISTANCE AND FOLLOW-UP

- ❖ PCP must review and discuss newly completed SHA with patient. Other clinic staff may assist if under supervision of the PCP, and if medical issues are referred to the PCP.
- ❖ If responses indicate risk factor(s) (boxes checked in the middle column), the PCP should prioritize patient's health education needs and willingness to make life style changes, provide tailored health education counseling, interventions, referral and follow-up.
- ❖ Annually, PCP must review & discuss previously completed SHA with patient (intervening years) and provide appropriate counseling and follow-up on patient's risk reduction plans, as needed.

REQUIRED PCP DOCUMENTATION

- ❖ 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.
- ❖ PCP must check appropriate boxes in "Clinical Use Only" section to indicate topics and type of assistance provided to patient (last page).
- ❖ For subsequent annual reviews, PCP must sign, print name and date "SHA Annual Review" section (last page) to verify the annual review was conducted and discussed with the patient.
- ❖ Signed SHA must be kept in patient's medical record.

OPTIONAL CLINIC USE DOCUMENTATION

- ❖ Shaded "Clinic Use Only" sections (right column next to questions) and "Comments" section (last page) may be used by PCP/clinic staff for notation of patient discussion and recommendations.