Staying Healthy Assessment (SHA) Training

Information for providers on completing the Staying Healthy Assessment for patients

Developed by Medi-Cal Managed Care Health Plans
1. IHEBA/sha Overview, Goals & Benefits
2. SHA Completion & Documentation Process
3. SHA Resources
4. Electronic SHA & Alternative Assessment Tools
5. Questions & Answers
Definitions

- **DHCS:** Department of Health Care Services
- **IHA:** Initial Health Assessment (DHCS Policy Letter 08-003) includes an IHEBA
- **IHEBA:** 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
- **SHA:** Staying Health Assessment is the DHCS’s sponsored and approved IHEBA.
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
New Staying Healthy Assessment (SHA) forms must be implemented by April 1, 2014.

Providers are encouraged to begin using the SHA now.
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
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 preventative health services
• Allows provider to document patient counseling
## SHA Periodicity Table

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Administer</th>
<th>Administer/Re-administer</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Groups</td>
<td>Within 120 Days of Enrollment</td>
<td>1st Scheduled Exam (after entering new age group)</td>
<td>Every 3-5 years</td>
</tr>
<tr>
<td>0-6 mo.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-12 mo.</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>1-2 yrs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3-4 yrs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5-8 yrs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>9-11 yrs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>12-17 yrs.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Adult</td>
<td>✓</td>
<td></td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Senior</td>
<td>✓</td>
<td></td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>
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
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 patient responses recorded directly in 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
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
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
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

- For questions, additional information, and resources please contact our Provider Services Department at (909) 890-2054
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 our Provider Services Department at (909) 890-2054.

- The alcohol SBIRT benefit went into effect January 1, 2014
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
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
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)
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
# Staying Healthy Assessment

**12 – 17 Years**

<table>
<thead>
<tr>
<th>Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Today's Date</th>
<th>Grade in School</th>
<th>Person Completing Form</th>
<th>School Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>04-01-99</td>
<td>Female</td>
<td>9-10-13</td>
<td>9</td>
<td>Self</td>
<td>Regular?</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? (Drinks/eats 3 servings of calcium-rich foods daily)</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>2. Do you eat fruits and vegetables at least 2 times per day? (Eats fruits and vegetables at least 2 times per day?)</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>3. Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? (Eats high fat foods more than once per week?)</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>4. Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? (Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>5. Do you exercise or play sports most days of the week? (Exercises or plays sports most days of the week?)</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>Question</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>Have you or your partner(s) had sex with other people in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Have you or your partner(s) had sex without using birth control in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>The last time you had sex, did you use birth control?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>Have you or your partner(s) had sex without a condom in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Did you or your partner use a condom the last time you had sex?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>Do you have concerns about liking someone of the same sex?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Do you have any other questions or concerns about your health?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

*If yes, please describe:*
<table>
<thead>
<tr>
<th>Clinic Use Only</th>
<th>Counselled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol, Tobacco, Drug Use</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Declined the SHA

PCP's Signature: [Signature]
Print Name: [Dr. John Smith]
Date: 9-10-13

SHA Annual Review:

PCP's Signature: [Signature]
Print Name: [Signature]
Date: [Signature]

PCP's Signature: [Signature]
Print Name: [Signature]
Date: [Signature]

PCP's Signature: [Signature]
Print Name: [Signature]
Date: [Signature]

PCP's Signature: [Signature]
Print Name: [Signature]
Date: [Signature]
<table>
<thead>
<tr>
<th>Clinic Use Only</th>
<th>Counselled</th>
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<th>Follow-up Ordered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Health</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol, Tobacco, Drug Use</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Patient Declined the SHA

PCP’s Signature: [Signature] Date: 9-10-13

Print Name: Dr. John Smith

SHA Annual Review

PCP’s Signature: [Signature] Date: 9-21-14

Print Name: John Smith

Date: 9-21-14

PCP’s Signature: [Signature] Date: 

Print Name: [Name] Date: 

PCP’s Signature: [Signature] Date: 

Print Name: [Name] Date: 

PCP’s Signature: [Signature] Date: 

Print Name: [Name] Date: 

PCP’s Signature: [Signature] Date: 

Print Name: [Name] Date:
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
- Available languages:

<table>
<thead>
<tr>
<th>Arabic*</th>
<th>Khmer*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenian</td>
<td>Korean</td>
</tr>
<tr>
<td>Chinese</td>
<td>Russian</td>
</tr>
<tr>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>Farsi*</td>
<td>Tagalog</td>
</tr>
<tr>
<td>Hmong</td>
<td>Vietnamese</td>
</tr>
</tbody>
</table>

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

• **Use of the SHA tool is strongly recommended**
  - Alternatives are permitted but require approval by DHCS
    - Submit request for approval to use alternative assessment tool through your health plan
  - Any alternative assessments must be available in all DHCS threshold languages and meet all the same standards as the SHA
  - The American Academy of Pediatrics *Bright Futures* assessment can be used as an alternative SHA without DHCS approval, as long as certain conditions are met. Contact your health plan for more information
SHA Additional Resources

- Overview of SHA Revisions
- SHA Instructions Sheet for Provider Office
- SHA Question Topics
- SHA Table Pediatric Questions
- SHA Table Adult Questions

For questions, additional information on available health education programs, cultural and linguistic services, and resources, or to schedule a SHA training with a Provider Services Representative or an IEHP Nurse Educator please contact our Provider Services Department at (909) 890-2054.

All SHA additional resources are available through the DHCS website.

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx
Heath Plan’s Resources

Contact our Provider Services Department at (909) 890-2054 for available health education programs, cultural and linguistic services, and resources.
Thank you!

Any Questions?