



USE OF BRIGHT FUTURES NOTIFICATION FORM

Health plans (and not individual providers) are responsible for submitting notification forms to MMCD.

DHCS strongly encourages the use of the pre-approved SHA. Health plan providers may use the AAP's Bright Futures assessment without prior approval only if all requirements (MMCD Policy Letter 13-001) are met and MMCD is notified one month before it is used. Please complete and email this notification form along with any other information (as needed) to: MMCDHealthEducationMailbox@dhcs.ca.gov.

Health Plan:

Date:

Contact Person:

Phone:

Title:

Email:

Please identify the providers or provider groups who will be using the Bright Futures assessment tools:

INFORMATION ABOUT THE USE OF BRIGHT FUTURES

Initial Notification

Subsequent Notification
(if there is a change in providers who use Bright Futures or age groups covered by Bright Futures)

Expected implementation date:

1. Check the age groups that will use Bright Futures:

0-6 months
 7-12 months
 1-2 years

3-4 years
 5-8 years
 9-11 years

12-17 years
 Other (specify)

2. List the Bright Futures tools and schedule for administering Bright Futures assessments to Members?

3. How will providers document the administration (or Member refusal), re-administration, follow up, and a signature. Describe the documentation process for Bright Futures:

6. The health plan will ensure the most current version of the Bright Futures assessment tools are used by providers and administered according to Bright Futures Guidelines and DHCS requirements?

Yes
 No

7. The health plan will ensure that Bright Futures assessment tools will be translated into the threshold languages of the health plan's members prior to implementation?

Yes
 No

Additional Comments: