SHA ELECTRONIC OR OTHER FORMAT NOTIFICATION FORM

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

Health plan providers may use the SHA in an electronic or other assessment tool format without prior approval as long as all the requirements (MMCD PL 13-001) are met and MMCD is notified one month before it is used. Be sure to attach a copy of printed screen shots of the SHA electronic or other assessment tool format to this notification form and email to: MMCDHealthEducationMailbox@dhcs.ca.gov.

<table>
<thead>
<tr>
<th>Health Plan:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Title:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Please identify the providers or provider groups who will be using this SHA format:

SHA ELECTRONIC OR OTHER FORMAT INFORMATION

<table>
<thead>
<tr>
<th>□ Initial Notification</th>
<th>□ Subsequent Notification (following a SHA question update)</th>
<th>Expected implementation date:</th>
</tr>
</thead>
</table>

1. Check the age groups that will use this SHA format:
   - 0-6 months
   - 7-12 months
   - 1-2 years
   - 3-4 years
   - 5-8 years
   - 9-11 years
   - 12-17 years
   - Adult
   - Senior

2. Indicate how you will be implementing this SHA format:
   - Add the exact SHA questions into an electronic medical record
   - Scan the SHA to use it as an electronic medical record
   - Use the SHA in a different electronic or assessment tool format

3. This alternate SHA format must include a way for providers to document the administration (or Member refusal), re-administration, follow up, and a signature. Describe the documentation process for this SHA format:

4. How will Member responses to SHA questions be collected? Please check the primary method to be used.
   - Member will self-complete a paper-based assessment, to be kept in Member’s medical record
   - Member will self-complete a paper-based assessment, then responses will be transferred to the Member’s electronic medical record
   - Provider or other clinic staff member, as appropriate, will verbally ask the questions and enter responses directly into the electronic medical record
   - Other (specify)

6. Will this alternate SHA format be kept updated, according to the most recent SHA questionnaire update that is posted on the MMCD website? □ Yes □ No

7. Will alternate SHA format be updated and re-submitted (with notification form, screen shot, or copy) to the MMCD Health Education mailbox within 3 months following the posting of revised/updated SHA questionnaires on the MMCD website? □ Yes □ No

NOTIFICATION FORM ATTACHMENTS

Please list and identify attachments to this notification form: