

Staying Healthy Assessment (SHA) Training

Information for providers on completing
the Staying Healthy Assessment for patients

Developed by Medi-Cal Managed Care Health Plans
Alameda Alliance for Health
March 2018

Training Requirement

- ▶ All Medi-Cal managed care PCPs must complete training on the SHA at least once.
- ▶ Participation today will fulfill that requirement.
- ▶ All documents needed to complete the SHA requirements can be found on our website:
www.alamedaalliance.org/providers/medical-management/staying-healthy-assessment

Contents

- ▶ IHEBA/SHA Overview, Goals, and Benefits
- ▶ SHA Completion & Documentation Process
- ▶ SHA Resources
- ▶ Electronic SHA & Alternative Assessment Tools
- ▶ 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 a 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

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 preventive health services
- ▶ Allows provider to document patient counseling

Scoring

- ▶ SHA is monitored and scored during Medical Record Reviews (MRR)
- ▶ **If SHA is not implemented, it will negatively affect the MRR scores.**
 - ▶ Example: Ten (10) records reviewed where the SHA was not correctly implemented, may result in up to a 20-point reduction from overall MRR scores.
- ▶ The Alliance is required to share MRR scores with the state and other health plans your office contracts with for Medi-Cal Managed Care (Anthem Blue Cross, Contra Costa Health Plan).

SHA Periodicity Table

| QUESTIONNAIRE | ADMINISTER | ADMINISTER/RE-ADMINISTER | | REVIEW |
|-------------------|-------------------------------|---|-----------------|-------------------------------------|
| Age Groups | Within 120 Days of Enrollment | 1 st Scheduled Exam <i>(after entering new age group)</i> | Every 3-5 years | Annually <i>(Interval Years)</i> |
| 0-6 mo. | ✓ | | | |
| 7-12 mo. | ✓ | ✓ | | |
| 1-2 yrs. | ✓ | ✓ | | ✓ |
| 3-4 yrs. | ✓ | ✓ | | ✓ |
| 5-8 yrs. | ✓ | ✓ | | ✓ |
| 9-11 yrs. | ✓ | ✓ | | ✓ |
| 12-17 yrs. | ✓ | ✓ | | ✓ |
| Adult | ✓ | | ✓ | ✓ |
| Senior | ✓ | | ✓ | ✓ |

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 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 the US Preventive Services Task Force (USPSTF) recommendations
- ▶ #19 on the Adult SHA
- ▶ #23 on the Senior SHA

AMSC

▶ Alcohol Misuse Screening and Counseling (AMSC) benefit (previously SBIRT):

- ▶ If “**yes**” to alcohol question, offer a validated expanded screening questionnaire (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 counseling and referral for further evaluation and treatment
- ▶ Adult and Senior screening questions are different for men (expanded screening at 5 drinks for adult men and 4 drinks for seniors.)

SHA Documentation

▶ The provider must:

- ▶ Sign, print their 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 their 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 the Alliance 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

(Staying Healthy Assessment)

12 - 17 Years (12 - 17 Years)



| | | | | |
|--|---|--|--------------------------------|------------------------------|
| Name (first & last) <i>Jane Doe</i> | Date of Birth <i>04-01-99</i> | <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male | Today's Date <i>9-10-13</i> | Grade in School: <i>9</i> |
| Person Completing Form <i>Self</i> | <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify) | School Attendance Regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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.

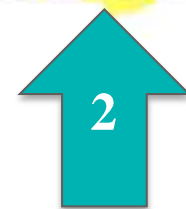
Need Interpreter?
 Yes No




| 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. | | | | | Clinic Use Only: Nutrition |
|--|--|--------------------------------------|--------------------------------------|----------------------------|-------------------------------|
| 1 | Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? <i>(Drinks/eats 3 servings of calcium-rich foods daily)</i> | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Skip | |
| 2 | Do you eat fruits and vegetables at least 2 times per day? <i>(Eats fruits and vegetables at least 2 times per day?)</i> | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Skip | |
| 3 | Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? <i>(Eats high fat foods more than once per week?)</i> | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> Skip | |
| 4 | Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? <i>(Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)</i> | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> Skip | |
| 5 | Do you exercise or play sports most days of the week? <i>(Exercises or plays sports most days of the week?)</i> | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Skip | Physical Activity |

| | | | | |
|----|---|-----|-----|------|
| 30 | Have you or your partner(s) had sex with other people in the past year? | No | Yes | Skip |
| 31 | Have you or your partner(s) had sex without using birth control in the past year? | No | Yes | Skip |
| 32 | The last time you had sex, did you use birth control? | Yes | No | Skip |
| 33 | Have you or your partner(s) had sex without a condom in the past year? | No | Yes | Skip |
| 34 | Did you or your partner use a condom the last time you had sex? | Yes | No | Skip |
| 35 | Do you have concerns about liking someone of the same sex? | No | Yes | Skip |
| 36 | Do you have any other questions or concerns about your health? | No | Yes | Skip |

If yes, please describe:





| <i>Clinic Use Only</i> | Counseled | Referred | Anticipatory Guidance | Follow-up Ordered | Comments: |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input checked="" type="checkbox"/> Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Sexual Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | <input type="checkbox"/> Patient Declined the SHA |



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

SHA ANNUAL REVIEW

| | | |
|------------------|-------------|-------|
| PCP's Signature: | Print Name: | Date: |
| PCP's Signature: | Print Name: | Date: |
| PCP's Signature: | Print Name: | Date: |
| PCP's Signature: | Print Name: | Date: |



| <i>Clinic Use Only</i> | Counseled | Referred | Anticipatory Guidance | Follow-up Ordered | Comments: |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Patient Declined the SHA |
| <input checked="" type="checkbox"/> Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Sexual Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

PCP's Signature:

John Smith

Print Name:

Dr. John Smith

Date:

9-10-13

SHA ANNUAL REVIEW

PCP's Signature:

John Smith

Print Name:

John Smith

Date:

9-21-14

PCP's Signature:

Print Name:

Date:

PCP's Signature:

Print Name:

Date:

PCP's Signature:

Print Name:

Date:



SHA Resources

All SHA forms are available for download and printing on the DHCS website:

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

Available languages:

| | |
|----------|------------|
| Arabic | Khmer* |
| Armenian | Korean |
| Chinese | Russian |
| English | Spanish |
| Farsi* | Tagalog |
| Hmong | Vietnamese |

* These languages are not currently available on the DHCS website, but can be obtained by contacting the Alliance.

SHA Electronic Format

- ▶ Notify the Alliance 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
- ▶ The Alliance 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 pre-approval by DHCS
 - Submit request for approval to use alternative assessment tool through the Alliance
- ▶ Any alternative assessments must be translated to the threshold languages of the Alliance's members and meet all the same standards as the SHA
- ▶ The American Academy of Pediatrics Bright Futures assessment has been pre-approved by DHCS as an alternative IHEBA. It can be used as long as certain conditions are met. Contact the Alliance for more information

SHA Additional Resources

- ▶ SHA Provider Office Instruction Sheet
- ▶ SHA Behavioral Risk Topics
- ▶ SHA Pediatric Questions by Age Groups
- ▶ SHA Adult Questions by Age Groups

All SHA additional resources are available through the DHCS website:

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

Health Education Resources

- ▶ Alliance health education programs and materials are available to you for providing guidance and referral on health topics covered by the SHA.
 - ▶ Provider Resource Directory:
www.alamedaalliance.org/providers/health-education-and-wellness-resources
 - ▶ Health information and handouts:
www.alamedaalliance.org/providers/health-education-and-wellness-resources
 - ▶ Need additional information, contact Alameda Alliance Health Programs at livehealthy@alamedaalliance.org

Cultural & Linguistic Services

- ▶ The Alliance is committed to patient access to culturally and linguistically appropriate services.
- ▶ Access free language assistance for Alliance members
 - ▶ To schedule an in-office, face-to-face interpreter:
 - Call the Alliance Member Services Department
 - Monday – Friday, 8 am – 5 pm
 - Phone Number: **510.747.4567**
 - Toll-Free: **1.877.932-2738**
 - People with hearing and speaking impairments (CRS/TTY):
711/1.800.735.2929
 - For telephone and after-hours phone interpreter service
 - Toll-Free: **1.866.948.4149**
 - 24 hours a day, seven days a week

If you have questions, please contact:

Alameda Alliance for Health
Provider Services Department
510.747.4510.