

## Staying Healthy Assessment FAQs

The Staying Healthy Assessment (SHA) and IHEBA (Individual Health Education Behavioral Assessment) requirements are included in MMCD's Policy Letter 13-001 (Revised) <http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx>. SHA FAQs include questions from Medi-Cal managed care health plans (MCPs) and their providers/provider groups. Responses to these questions are intended to provide additional clarification regarding SHA and IHEBA requirements.

### SHA IMPLEMENTATION

#### 1. Notification - SHA Electronic and Alternate Format

Are Medi-Cal managed care health plans (MCPs) still required to notify MMCD one month in advance if a provider/provider group is planning the use the SHA (questions) in an electronic or alternate format?

No. MCPs are no longer required to notify MMCD when a provider/provider group plans to use the SHA in an alternate format (electronic or other paper based format), as long as the provider/provider group:

- Uses all SHA questions for the specific age group,
- Uses the most current version available on the SHA Webpage, and
- Informs their contracted health plan *at least one month before* they plan to implement the SHA in an electronic or alternative format.

\*Publication in the SHA FAQs serves as official notification of the change in this requirement.

#### 2. SHA Documentation

Does an "MD" need to sign the SHA form for documentation purposes or can a Nurse Practitioner and/or Physician Assistant sign if they were the one who saw the patient and reviewed the questionnaire?

Since Nurse Practitioners and Physician Assistants are PCPs, they can also sign the form.

#### 3. SHA Documentation

Some providers are reluctant to sign the SHA if they are unable to thoroughly discuss/counsel and provide anticipatory guidance, referral, or follow-up on each behavioral risk identified during the administration of the SHA. Many patients have multiple behavioral risks that require follow-up. We suggested making a follow up visit, but it is difficult for these members to return for a follow-up appointment. How should I advise our providers?

Providers will not be out of compliance if they prioritize and address the most urgent behavioral risk(s) during the administration of the SHA. On the SHA form, providers should note which risks they were able to address during the SHA administration, and note that other behavioral risks will be addressed during subsequent office visits. Even if it is difficult for these members to return for a follow-up appointment, providers will not be out of compliance if they prioritize and address the most urgent issues first.

#### 4. SHA Implementation Deadline

Some providers were unable to complete the Staying Healthy Assessments for all new Medi-Cal enrollees before the April 1 deadline. Is there any flexibility in meeting this deadline?

Plans were **not** expected to complete Staying Healthy Assessments (SHA) for all Members by the April 1, 2014 deadline. By April 1, providers needed to be trained and prepared to administer the SHA per MMCD PL 13-001 as follows:

- For new Members: the SHA and Initial Health Assessment (IHA) must be administered/completed within 120 days of enrollment.
- For established patients without a completed SHA/IHEBA: The SHA must be administered during a non-acute, scheduled office visit (e.g., check-up or wellness visit) following the April 1 deadline.

#### 5. Additional SHA Languages Needed

Some providers treat patients who speak non-threshold languages which makes administering the SHA very time consuming. Are there plans to add more languages?

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Currently, the SHA questionnaires are available in the state's threshold languages, as well as Somali. With the expansion of the Affordable Care Act, there may be more threshold languages in the future. In the meantime, MCPs may translate the SHA into other languages which we will make available. Please check the website from time to time to see if more languages have been added or check with your MCP (some languages are not immediately available online due to accessibility requirements).

### 6. Billing for the SHA

Pediatricians have asked about the CPT code for the SHA on the PM160? Is there a specific place in the form?

For providers who are not paid a capitated rate by the MCP, the SHA would be included in the billing for the Initial Health Assessment and/or annual wellness care. Providers should contact their MCP for information about billing.

### 7. SHA Review/Re-Assessment

If a member makes lots of changes to their previous responses on the SHA form, should the member be asked to complete new form?

It is up to each provider to determine what would work best to keep track of the member's behavioral risks. Completing a new SHA is not a requirement unless the member has entered a new age group.

### 8. D-SNP Medi-Cal FFS Eligibles

Do the policy letter SHA requirements for MCPs apply to Medicare Advantage plans offering a D-SNP (dual eligibles special needs plan) under contract to DHCS if the plan does not offer a Medi-Cal Managed Care Plan (i.e., the member's Medi-Cal coverage is FFS & not through an HMO)?

The SHA requirements do not apply to their D-SNP members. It only applies to those enrolled in Medi-Cal managed care plans.

### 9. Tracking SHA Administration

What does the State expect the MCPs to do regarding tracking and ensuring members complete the SHA, as required? Is it through audits or some means of actually tracking every SHA?

The goal should be to find out if providers are implementing the SHA as required; MMCD is not expecting the MCPs or IPA to track individual members to verify the SHA was completed. After providers are trained on the SHA, MCPs should provide follow-up and assistance to providers that are not implementing the SHA or having difficulty implementing the SHA as required. MCPs should promote the use of the SHA and work with providers to identify and address barriers in complying with SHA/IHEBAS requirements.

### 10. SHA Compliance

How does the State determine if the MCP's are in compliance with SHA requirements? Are the SHA requirements included in the MCPs contract with the State? Does the State audit for this requirement?

During the medical record review portion of Facility Site Reviews (FSR), nurses review medical records for evidence that the IHA and SHA/IHEBA were completed according to guidelines. FSRs are conducted by the MCP and by MMCD.

### 11. SHA Questions and Health Literacy

Have the pediatric SHA questions been validated as a screening tool for issues in nutrition, safety, mental health, development, etc., with culturally and linguistically diverse populations, including those with relatively low health literacy and low literacy?

The SHA was developed by a committee of about 50 health plan representatives, including doctors, nurses and health educators. The questions/topics were taken from recommendations from a various professional sources, such as the U.S. Preventive Services Task Force Recommendations, American Academy of Pediatrics, etc. The committee made sure that each question was stated in the simplest way possible to accommodate members with low literacy skills. MMCD surveyed providers and interviewed members to ensure that the questions were understood in English and Spanish. We did not have the resources to pilot test the questions with any of the other language groups.

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### 12. SHA Resources/References

What resources/references were used in the development of SHA questions?

Many professional and governmental sources were used in the development of the SHA questions. MMCD will be adding the references that were used for all SHA questions to the webpage.

### 13. Availability of SHA Electronic Format

Are the SHA questions available in an electronic format that could be used in an electronic health record system such as EPIC?

They are not currently available in an electronic medical record system. DHCS is exploring the possibility of making the SHA and other DHCS required forms available in an electronic medical record system.

### 14. Using the SHA Instead of Validated Screening Tools

Many providers currently use a variety of validated screening questionnaires (e.g., ASQ, PHQ-9, SEEK, CEASE Tobacco Exposure questionnaire) and want to know if they should consider discontinue using them in lieu of SHA requirements. How sensitive is the SHA in screening for the morbidities affecting the Medi-Cal population?

All questions about the use of the SHA versus other assessment tools should be discussed between the provider and the MCP. The SHA is a *behavioral assessment* and is not intended to replace clinical screenings or assessments. The SHA meets Title 22 requirements regarding the use of a behavior risk assessment to identify and address health education needs for MCP members.

### 15. Confusion Regarding SHA and Other Screening Tools

We are a new provider and we are confused about all the SHA requirements, CHDP requirements, the Initial Health Assessment, and other Screening tools/questionnaires that we should be using. Can you please help us?

Please contact your MCP for assistance and clarification on Medi-Cal manage care requirements. The MCP is responsible to providing training and assistance on these requirements.

Only Primary Care Providers (PCPs) are required to administer the SHA, as part of the IHA and during regular ongoing wellness care visits. Providers who are not PCPs are not required to administer the SHA.

### 16. SHA documentation

Is it OK to stamp, "See Chart" in the "Clinic Use Only" section at the end of the form, instead of checking the boxes (topics and services provided)? What about when the provider is planning to scan the SHA into the medical record after it is completed by the member?

If the provider is going to scan the completed SHA form, we recommend checking the boxes in the Clinic Use Only section and adding the PCP's signature before it is scanned. Additional progress notes are not required on the form, and can be kept in the medical record.

### 17. Reviewing/Re-Administering the SHA Electronically

Is there a way to complete the SHA form electronically after first administration so it doesn't have to be printed, signed, and rescanned?

Without the appropriate software, it is difficult to update a scanned form electronically. An alternative would be to use the PDF fillable/writable form. All SHA forms are available in a PDF fillable/writable version from your MCP.

### 18. SHA Provider Training Requirements

What are the MCP requirements regarding SHA provider training?

It is the responsibility of the MCP to ensure that their providers are trained on how to use the SHA. MCPs must keep documentation identifying names and dates of when their providers were trained. The narrated SHA PowerPoint training can be viewed by individual providers or used by MCPs for training. The training is available on the SHA web page: <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx#>. The narrated PowerPoint takes about 20 minutes to complete.

### 19. SHA Provider Training Attestation

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Does the State have specific requirements or forms the MCPs should use for providers to attest they have completed the SHA training?

No. Each MCP should develop a process that works best for their system and their providers. MCPs can create a log, sign-in sheet, or certificate to ensure they have the data required during an audit (usually date, time, name, etc.). MCPs can use the same process they use for other provider trainings.

### 20. SHA Periodicity

How often should the SHA be administered?

The SHA Periodicity is available on the *Provider Office Instruction Sheet* on the SHA web page: <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx#>. All providers should complete the Provider Training, a narrated PowerPoint, also available on the web page. For additional assistance contact your MCP.

### 21. Provider Training Reimbursement

Does Medi-Cal reimburse providers for completing the SHA training?

No. Provider training is part of the capitated rate with their contracted health plan.

### 22. Anticipatory Guidance

Please define "anticipatory guidance" and "follow-up ordered," which are both used in Policy Letter 13-001.

"Anticipatory guidance" refers to discussing and providing age-appropriate educational materials, such as the *Growing-Up Healthy* series or the *CA Staying Healthy Tip Sheets*. "Follow-up ordered" refers to scheduling a follow-up appointment, ordering lab tests, etc. The provider should determine what, if any, follow-up is needed for each patient.

### 23. SHA Tip Sheets

Will DHCS be updating the SHA Tip Sheets to correlate with the new forms? If not, are there other educational handouts available that are associated with the new/revised SHA?

MMCD, in collaboration with staff from the MCPs, has begun to work on updating the SHA Tip Sheets. After they are completed and translated, they will be posted on the SHA webpage. For now, MMCD and the MCPs suggest using CHDP's *Growing Up Healthy* brochures. The CHDP brochures are available in some threshold languages on the CHDP website: <http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx>.

### 24. SHA Provider Counseling Resource Guide

Is DHCS planning to update the *Provider Counseling Resource Guide* that was available on the DHCS web site many years ago? If not, does DHCS have other resources providers can use to counsel members about specific risk factors?

No. The *Provider Counseling Resource Guide* will not be updated. Instead, MMCD is planning to post links to provider resources that will include: USPSTF A and B Recommendations, health education and SHA topic specific resources, cultural and linguistic resources, provider training resources/webinars, etc.

## SHA FORMS/QUESTIONNAIRES

### 25. SHA Questionnaire Corrections

We have received emails regarding updated/corrected versions of the SHA form, but all the forms on the SHA web page have the same date, "Rev 12/13." How can I determine which are the correct revised forms?

Because the content of the SHA questionnaires has not changed, the revision date was kept the same. The revision date on the questionnaires will be updated when there is an update to the content. We do not anticipate making any other changes to the questionnaires until the SHA content is updated. MMCD will always notify the MCPs when any updates are made to the SHA.

### 26. SHA Questionnaire Updates

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How often and how will the SHA questionnaires be updated to ensure that they do not become outdated again?

MMCD is developing a process to regularly update the SHA questionnaires. A SHA committee will be created to advise the department on this process. Due to the challenges in updating the SHA in all threshold languages, we do not anticipate making changes or updating the questionnaires more than once per year. MCPs and providers can send emails regarding updates/changes to [MMCDHealthEducationMailbox@dhcs.ca.gov](mailto:MMCDHealthEducationMailbox@dhcs.ca.gov). MMCD will compile all recommendations for the SHA committee to review. DHCS and the SHA committee will be responsible for regularly updating the SHA questionnaires to ensure that they reflect preventive care guidelines.

### 27. SHA 7-12 months-Question #2

Since cow's milk is not recommended for children under 1 year of age, should the question about 3 servings of calcium-rich foods include the term 'milk' for the 7-12 month age group?

All comments and feedback about the content of the questions will be shared with the SHA committee, who will be tasked with making recommendations regarding changing/updating SHA questions.

### 28. SHA 12-17 years, Question #35

As a pediatrician and an advocate for LGB youth, I find question #35, "Do you have concerns about liking someone of the same sex." inappropriate. While I believe it is important to identify LGBT youth who may be at risk for adverse health outcomes, and applaud the effort, the phrasing of the question may imply there is something wrong with like someone of the same sex. Would it be possible to substitute the current wording with the following? "Do you have any concerns about your sexuality or sexual orientation?"

Thank you for your suggestion. We have shared your concern and suggestion with the SHA Committee and they have decided to pilot test various versions of this question. In the meantime, you can replace the current wording for question #35 with your suggestion, "*Do you have any concerns about your sexuality or sexual orientation?*" Please contact your contracted health plan for assistance in making this specific change. If you decide to replace question #35 (SHA 12-17 years) you will need to revise and update any SHA translations that you administer to your members.

## SBIRT

### 29. SHA and SBIRT Assessment Requirements

If an adult member answers "Yes" to the SHA alcohol question, and if after reviewing the questionnaire and providing additional counseling with the member, the provider's professional opinion is that the additional assessment may not be warranted, are they still required to deliver the assessment?

No. If after discussing with the patient, the provider does not think the member is misusing alcohol, they do not have to administer the additional assessment; they should document it on the SHA or medical record. However, a validated screening tool, such as the AUDIT-C, can be a more effective way to determine and document the need for brief intervention or referral. With few exceptions, most patients who answer "yes" to the alcohol question on the SHA should receive the screening tool. DHCS will be monitoring these services.

### 30. Alcohol Question and Alternative IHEBA

If a provider uses Bright Futures or another approved IHEBA, how should the alcohol question/SBIRT benefits be handled?

The provider should incorporate the SHA alcohol question (adult or senior) into the administration process for the alternate assessment to ensure that the member is asked about his/her alcohol use. The member's response should be documented on the alternate IHEBA form or in the medical record. An additional validated screening tool should be administered if the member's response was "yes".

### 31. SBIRT Provider Training

In order to do the SBIRT training, do you have to do 4 hours of training or just 1 hour? Our MCP is saying only 1 hour is required. Also, will reading through the PowerPoint be sufficient in doing the training? If the PowerPoint won't do, is the training free or does it cost? And can the employee do the training in 2 hour increments?

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Our Medical Director has a question regarding the SBIRT Provider Training Requirement per practice. How broad is the definition of practice? Is it restricted to an individual site, or could it include a provider group practice at different locations in a region?

DHCS has an SBIRT webpage (<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>) that includes a *New SBIRT Training* section. Webinars and trainings for PCPs and non-PCPs are available and will count towards the 4-hour SBIRT training requirement. DHCS is offering half-day in-person trainings throughout the State. Training dates and locations are listed on the SBIRT webpage (<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRTTrainingDatesandLocations.aspx>) or check with your MCP to find out when training is available in your area.

For more information, here is a link to the DHCS All Plan Letter on SBIRT requirements: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-004.pdf>. The PowerPoint on the SHA webpage does not count towards the SBIRT training requirements.

DHCS policy is that the non-licensed providers and at least one supervising clinician per clinic location need to take 4 hours of SBIRT training. Providers are required to attest to having taken the training; attestations should be kept in the primary care clinic and made available on request during facility site reviews.

### 32. Monitoring SBIRT Services

How will the state monitor the provision SBIRT services (per APL 14-004)?

DHCS will be working with MCPs and stakeholders to develop a process for monitoring the implementation of these new requirements. DHCS will communicate these reporting and monitoring requirements separately. However, MCPs are responsible for monitoring and ensuring that providers are offering SBIRT services as required.

### 33. Information Regarding Alcohol Misuse

Where can providers obtain the AUDIT-C form and information regarding alcohol misuse?

The forms and information are available on the DHCS SBIRT webpage: <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>.

## BRIGHT FUTURES NOTIFICATION

### 34. Notification Requirement

Our clinic would like to use AAP's Bright Futures instead of the SHA? How should we notify DHCS of our intent to use Bright Futures?

When a provider/provider group wants to use Bright Futures instead of the SHA, the MCP is responsible for notifying MMCD one month in advance. The notification must include information about the method/process to document its use, administration, annual review, and follow-up. Notification must also include the age groups and questionnaires that will be used. If Bright Futures is used for 18-21 year olds, the alcohol question on the Adult SHA must be added to Bright Futures, or other form, that will be administered on a yearly basis. MMCD and some MCPs have developed a Bright Futures notification form. Please contact your MCP to get instructions on what you need to submit to your MCP to begin the process.

### 35. Bright Futures/Required Questionnaires

We are planning to use Bright Futures, instead of the SHA. There are so many questionnaires for Bright Futures; we want to know which forms are required to satisfy the IHEBA requirement?

If you plan to use Bright Futures to satisfy the IHEBA requirement, you must administer the following forms:

- Age specific Pre-visit Questionnaires
- Age specific Supplemental Questionnaires
- For adolescents (11-21 years), the provider must administer new Pre-visit and Supplemental Questionnaires every year (even if the member has not changed age groups).

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If Bright Futures is used for 18-21 year olds, the SBIRT question on the Adult SHA must be added to one of the questionnaires, or other form, that is administered annually. Otherwise, the SHA should be administered to members ages 18-21.

### 36. Adolescent Age Range Discrepancy

Why does Bright Futures and CHDP age range for adolescents include 18 to 21 year olds, while the SHA defines 18 to 21 year olds as adults?

The U.S. Preventive Services Task Force (USPSTF) defines “Adults” as **18 years and older**. MCPs are required to offer/cover all USPSTF, A and B recommended services to all their members, so the SHA is consistent with the USPSTF definition/age range for adolescent and adults.

## ALTERNATIVE IHEBA REQUEST

### 37. Alternative IHEBA Requests

Instead of the SHA, our clinic providers would like to use an alternative IHEBA they developed for their patients. What is the process for getting approval to use an alternative IHEBA?

You should contact your MCP to let them know that your clinic would like to use an alternative IHEBA. Your MCP will review your clinic's alternative IHEBA to determine if it meets the minimum requirements for MMCD approval. The MCP will ask you for specific information so they can submit the required documentation request form to the state. An alternative IHEBA, at a minimum, must be comparable to the SHA with respect to risk factors and periodicity. The MCP must submit the following information to MMCD for approval of an alternative IHEBA:

- Providers/provider groups who will be using the alternative IHEBA
- Name of the IHEBA/organization who developed the alternative IHEBA
- The purpose or intent of the development of the IHEBA
- Age groups that will use the alternative IHEBA (with a copy of each age specific assessment)
- A crosswalk comparing the SHA questions/risk factors with the alternative IHEBA
- Explanation of the administration and documentation process for administering the assessment, including the annual review, if appropriate.