

Staying Healthy Assessment Training Attestation

Provider Services
Phone: 1-408-874-1788

Fax: 1-408-362-9817 Email: ProviderServices@scfhp.com

Section I: Instructions

Section II: Provider Information

- The Department of Health Care Services (DHCS) mandates ALL Medi-Cal Managed Care Primary Care Providers (PCP) receive training on the implementation of the new Staying Healthy Assessment (SHA) forms.
- Effective immediately, all PCPs are required to implement the new SHA forms with all members during the member's Initial Health Assessment (IHA) and periodic physical exams.
- To access the Provider PowerPoint[™] Training Presentation, and for more information on the Staying Healthy Assessment, including SHA forms in all threshold languages and DHCS Policy Letter, please visit: http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx
- After completing training, complete and fax this Attestation form to SCFHP Provider Services at 1-408-362-9817.

Provider Name			Medical Group/Facility Name (if applicable)			
Street Address			City	St		Zip code
Telephone Number	Fax Numb	per		Email Address		
Section III: Attestation						
☐ I acknowledge that this office has received the updated Staying Healthy Assessment training via the presentation on the Department of Health Care Services' website.						
Signature of Physician/Designee		Printed	nted Name and Title			Date
Section IV: Staying Health Assessment Training Agenda						
 SHA requirements Instructions on how to use the SHA Documentation requirements Timelines for administration and review Specific information and resources for providing culturally and linguistically appropriate patient healthy education services/interventions Plan specific information regarding SHA resources and referral 						
Section V: All PCPs and Office Staff Sign in Sheet (please attach additional pages if necessary)						
Printed Name and Title			Signature			