Alternative Staying Healthy Assessment (SHA) Tool Request Form

Phone: **1-408-874-1702**
Email: Quality@scfhp.com

DHCS strongly encourages the use of the pre-approved SHA. If your clinic wishes to use an alternative SHA form, please complete, sign, date, and email the completed form to Quality@scfhp.com. If you have any questions, please call SCFHP's QI Department at **1-408-874-1428**.

Required Information

Clinic/Organization Name:_____ **Date:**_____

Provider's First Name:_____ **Last Name:**_____

Street Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Phone:_____ **Fax:**_____ **Email:**_____

Please complete appropriate section

BRIGHT FUTURES ASSESSMENT TOOL NOTIFICATION FORM

Providers may use the American Academy of Pediatric Bright Futures assessment if it meets all requirements outlined below. Providers must notify Santa Clara Family Health Plan **at least one month before implementation** of the Bright Futures assessment.

1. Expected date of implementation:_____
2. List names of providers or provider groups that will be using the alternative assessment tool.

   _____

   _____
3. Check the age groups the alternative assessment tool will be used for:
   - ☐ 0-6 months
   - ☐ 7-12 months
   - ☐ 1-2 years
   - ☐ 3-4 years
   - ☐ 5-8 years
   - ☐ 9-11 years
   - ☐ 12-17 years
   - ☐ Adult
   - ☐ Senior
4. Will the most current version of the Bright Futures assessment be used and administered according to Bright Futures guidelines?
   ☐ Yes ☐ No
5. Is there a method or process in place to document and verify the administration of the assessment and follow up?
   ☐ Yes ☐ No If yes, please explain below how this is done.

   _____

   _____
6. Is the Bright Futures assessment tool available in your plan's threshold languages?
   ☐ Yes ☐ No

   Please check the available languages:
   - ☐ Arabic
   - ☐ Armenian
   - ☐ Chinese
   - ☐ English
   - ☐ Farsi
   - ☐ Hmong
   - ☐ Khmer
   - ☐ Korean
   - ☐ Russian
   - ☐ Spanish
   - ☐ Tagalog
   - ☐ Vietnamese

Alternative SHA Assessment Tool Request Form

DHCS can approve the use of an alternative assessment tool only if:

Yes

- ☐ It includes the same content and risk factors in the most current version of the SHA.
- ☐ The periodicity table and schedule is comparable to the requirements for the SHA.
- ☐ There is a process for documenting and verifying that the periodic administration and annual reviews of the alternative assessments are similar to SHA requirements.
- ☐ The tool must be made available in DHCS threshold languages.
- ☐ The tool will be able to be updated in accordance with all SHA updates and it must be submitted for approval every three years.

Please attach tool for Health Plan review.

ELECTRONIC SHA FORMAT NOTIFICATION FORM

Providers may use an electronic format of SHA only if the electronic format meets all the requirements in questions 3-6 below. Attach a copy or printed screen shot of the electronic SHA format in your plan's threshold languages with this request. Providers must notify their Health Plan **at least two months** before implementation by completing and faxing the section below.

1. Expected date of implementation:_____

2. Check the age groups the electronic format will be used for:
   - ☐ 0-6 months
   - ☐ 7-12 months
   - ☐ 1-2 years
   - ☐ 3-4 years
   - ☐ 5-8 years
   - ☐ 9-11 years
   - ☐ 12-17 years
   - ☐ Adult
   - ☐ Senior

3. Indicate how you will be implementing the electronic 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 different electronic or paper-based format.

4. Electronic SHA format must include a way for the provider to document a signature. Describe how you will be documenting this on your system.

   _____

   _____

5. Electronic SHA format must include all updated SHA questions. The questions should not be altered from their original form. Will your electronic format abide by these rules?
   ☐ Yes ☐ No

6. Will your electronic SHA format be able to include updated SHA questions/directions when the SHA is updated?
   ☐ Yes ☐ No

Required

Provider Signature:_____ **Date:**_____

HEALTH PLAN USE ONLY

Met SHA Standards: ☐ Yes ☐ No

DHCS Notification Date: _____ **DHCS Approval Date:**_____