State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
Director

EDMUND G. BROWN JR.
Governor

DATE: JUNE 28, 2013

POLICY LETTER 13-001

TO: All MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: REQUIREMENTS FOR THE STAYING HEALTHY ASSESSMENT

PURPOSE:
The purpose of this Policy Letter (PL) is to notify all Medi-Cal Managed Care Health Plans (MCPs) of the release of the updated Staying Healthy Assessment (SHA) and to clarify state regulations regarding its use.[1] The SHA is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The SHA is a required component of the Initial Comprehensive Health Assessment (IHA), as explained in Medi-Cal Managed Care Division (MMCD) PL 08-003.[2] This new PL supersedes MMCD PL 99-007.[3]

BACKGROUND:
Within the Medi-Cal population, a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities exists. Examples of these include cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes. Furthermore, many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are responsible for these illnesses and conditions. According to the Centers for Disease Control and Prevention (CDC), a small number of chronic diseases account for a disproportionately large share of the annual federal Medicaid budget. Overall, the CDC estimates that 75 percent of all health care dollars are used for the treatment of diseases that could otherwise be prevented.

The original SHA was developed in 1999 to establish a standardized IHEBA that could be used for all members across all MCPs. An IHA consists of a history and physical examination and an IHEBA. An IHEBA enables a provider of primary care services to comprehensively assess the member's current acute, chronic, and preventive health needs as well as identify those members whose health needs require coordination with

[1] See Title 22, California Code of Regulations, Section 53851 and Section 53910.5.
[2] MMCD Policy Letter 08-003 is available at: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF.
[3] MMCD Policy Letter 99-007 is available at: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL1999/MMCDPL99007.pdf.

appropriate community resources and other agencies for services not covered under MCP contracts. The SHA also reduces unnecessary paperwork and duplication of effort. The goals of the SHA are to assist MCP providers with:

- Identifying and tracking high-risk behaviors of MCP members.
- Prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored health education counseling, interventions, referral, and follow-up.

Primary care providers (PCPs) are responsible for reviewing each member's SHA in combination with the following relevant information:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member's demographic data, personal circumstances, family composition, member resources, and social support.
- Local demographic and epidemiologic factors that influence risk status.

To reduce the prevalence of chronic disease for MCP members and decrease costs over time, MCP providers should use the SHA to identify health-risk behaviors and evidence-based clinical prevention interventions that should be implemented. MCPs should use interventions that combine patient education with behaviorally oriented counseling to assist members with acquiring the skills, motivation, and support needed to make healthy behavioral changes.

DHCS recently updated the SHA in collaboration with MCP representatives and providers. All assessment questions were updated in accordance with the guidelines of the US Preventive Services Task Force and other relevant governmental and professional associations.

As part of this update, DHCS increased the number of SHA pediatric questionnaires from four (0–3 years, 4–8 years, 9–11 years, and 12–17 years) to seven (0–6 months, 7–12 months, 1–2 years, 3–4 years, 5–8 years, 9–11 years, and 12–17 years). In addition to the single questionnaire for adults, DHCS created a second questionnaire to address the unique needs of Seniors and Persons with Disabilities (SPDs).

POLICY:
MCPs are strongly encouraged to use the DHCS developed SHA. However, MCPs may also submit a request to use an alternative IHEBA in accordance with the requirements set forth below. MCPs must comply with the following SHA policy:

1. SHA Periodicity:

   MCPs must ensure that each member completes a SHA in accordance with the timeframes prescribed within Table 1 (a member's refusal to complete the SHA must be documented on the appropriate age-specific form and kept in the member's medical record):

Table 1: SHA Periodicity

	Periodicity	Initial SHA Administration	Subsequent SHA Administration		SHA Review
DHCS Form Numbers	Age Groups	Within 120 Days of Enrollment	After Entering New Age Group	Every 3–5 Years	Annually (intervening years between administration of new assessment)
DHCS 7098 A	0–6 Months	√	√		
DHCS 7098 B	7–12 Months	√	√		
DHCS 7098 C	1–2 Years	√	√		√
DHCS 7098 D	3–4 Years	√	√		√
DHCS 7098 E	5–8 Years	√	√		√
DHCS 7098 F	9–11 Years	√	√		√
DHCS 7098 G	12–17 Years	√	√		√
DHCS 7098 H	Adult	√		√	√
DHCS 7098 I	Senior	√		√	√

2. SHA Completion by Member:

   - MCPs must provide members with SHA translations, interpretation services, and accommodations for any disability if needed.
   - Each member has the right to not answer any assessment question and to refuse, decline, or skip the entire assessment.

- Each member should be encouraged, when appropriate, to complete the SHA without assistance because this may increase the likelihood of obtaining accurate responses to sensitive or embarrassing questions.
- If preferred by the member or PCP, the PCP or clinic staff, as appropriate, may orally ask the assessment questions and record responses on the questionnaire or directly into an electronic health record or other electronic format.

3. PCP's Responsibility to Provide Counseling, Assistance, and Follow-Up:

- The PCP must review the completed SHA with the member and initiate a discussion with the member regarding behavioral risks the member identified in the assessment. Clinic staff members, as appropriate, may assist a PCP in providing counseling and following up if the PCP supervises the clinical staff members and directly addresses medical issues.
- The PCP must prioritize each member's health education needs and initiate discussion and counseling regarding high-risk behaviors.
- Based on the member's behavioral risks and willingness to make lifestyle changes, the PCP should provide tailored health education counseling, intervention, referral, and follow-up. Whenever possible, the PCP and the member should develop a mutually agreed-upon risk reduction plan.
- The PCP must make an attempt to review the SHA with the member during the years between SHA administrations. The review should include discussion, appropriate patient counseling, and regular follow-up regarding risk reduction plans.

4. SHA Documentation:

- The PCP must sign, print his/her name, and date the "Clinic Use Only" section of a newly administered SHA to verify that it was reviewed and discussed with the member.
- The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided by checking the appropriate boxes in the "Clinical Use Only" section.
- The PCP must sign, print his/her name, and date the "SHA Annual Review" section of the questionnaire to document that an annual review was completed and discussed with the member.

- The member's refusal to complete the SHA, if given, must be documented on the age-appropriate SHA questionnaire by:

  - ✓ Entering the member's name (or person completing the form), date of birth, and date of refusal in the header section of the questionnaire.
  - ✓ Checking the box "SHA Declined by Patient."
  - ✓ Having the PCP sign, print his or her name, and date the "Clinic Use Only" section of the SHA.
  - ✓ Keeping the SHA refusal in the member's medical record.

- The PCP may make notations in the "Clinic Use Only" column to the right of the questions, but this is not required.

5. Provider Training:

   MCPs must provide SHA training to all contracted PCPs and subcontractors. At a minimum, provider training must include:

   - 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 health education services/interventions.
   - MCP-specific information regarding SHA resources and referral.

   MCPs must provide resources and training to MCP providers and subcontractors to ensure the delivery of culturally and linguistically appropriate patient health education services and to ensure that the special needs of vulnerable populations, including SPDs and persons with limited English skills, are addressed in the delivery of patient services.

6. SHA Questionnaires and Resources:

   All SHA questionnaires and forms will be available on the DHCS website in English and all threshold languages at:
   http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

   MCPs must ensure that PCPs have the means to obtain an adequate supply of SHA questionnaires or alternative approved assessments.

7. Alternative or Electronic Formats:

MCPs may implement the SHA in an electronic format without prior approval from MMCD. MCPs must notify MMCD at least one month before they implement the SHA in the electronic format. MCPs may manually add the SHA questions into an electronic medical record, scan the SHA to use it as an electronic medical record, or use the SHA in another alternative electronic or paper-based format. When MCPs use an alternative format, they must include all updated SHA questions and not alter them.

8. Alternative SHA:

MCPs are strongly encouraged to promote the use of the SHA to the PCPs in their provider networks. If a MCP prefers to use an alternative IHEBA for its entire provider network, subcontracted medical groups, independent physicians associations, or individual PCPs, then the MCP must submit a request with a justification for the request to MMCD for approval. Requests to use an alternative IHEBA must meet the following conditions and include:

- Evidence that the alternative assessment includes the content and specific risk factors included in the most current version of the SHA.
- The periodicity table and schedule for SHA administration, which, at a minimum, must be comparable to the requirements for the SHA.
- Alternative assessment questions included as part of an electronic medical record, which must include, at a minimum, the content and specific risk factors included in the most current version of the SHA.
- A process or method for documenting and verifying that the periodic administrations and annual reviews of the alternative assessment are similar to SHA requirements.

Additionally, MCPs must ensure that alternative assessments are available in DHCS threshold languages. The request must include copies of the assessment tools in the DHCS threshold languages.

MCPs must re-submit previously approved alternative assessments to MMCD for approval every three years. MCPs are expected to update previously approved alternative assessment tools in accordance with SHA updates.

9. Bright Futures Assessment:

MCPs may use the American Academy of Pediatrics *Bright Futures* assessment without MMCD approval, as long as the following conditions are met:

- The most current version of the *Bright Futures* assessment is used and administered according to *Bright Futures* guidelines.
- MCPs must notify MMCD at least one month before the implementation and use of the *Bright Futures* assessment to comply with IHEBA requirements; the notification must include the method/process to be used to document and verify the administration of the assessment and follow-up.
- MCPs must indicate which providers or provider groups will be using the *Bright Futures* assessment and for which age groups.
- The *Bright Futures* assessment must be translated into DHCS threshold languages and made available to MCP providers.

10. Implementation Timeframes:

MCPs must implement the SHA within the following timeframes:

- 30 days before the MCP implements the SHA:
  - ✓ Submit notification that the MCP will implement the SHA in an electronic format; and/or,
  - ✓ Submit notification that the MCP will be using the *Bright Futures* Assessment as an alternative to the DHCS-developed SHA.
- 60 days from the date of this PL:
  - ✓ Submit updated policies and procedures for the use of the DHCS-developed SHA; or,
  - ✓ Submit notification that the MCP will submit a request to use an alternative to the SHA.
- 90 days from the date of this PL:
  - ✓ Submit the request to use an alternative to the SHA request for review and approval.
- 180 days from the date of this PL:
  - ✓ Full implementation of the *Bright Futures* assessment or the DHCS-developed SHA, and/or the approved alternative to the SHA.

MCPs may request an extension to any of the implementation timeframes by sending an email to: MMCDHealthEducationMailBox@dhcs.ca.gov.

RECOMMENDATIONS:

During the development and updating process for the SHA, the following best practices recommendations were made regarding SHA administration:

- Although not required, annual administration of the SHA is highly recommended for the adolescent and senior groups because behavioral risk factors change frequently during these years.
- Adolescents (12–17 years) should complete the SHA without parental/guardian assistance beginning at 12 years of age, or at the earliest age possible to increase the likelihood of obtaining accurate responses to sensitive questions. The PCP will determine the most appropriate age, based on discussion with the parent/guardian and the family's ethnic/cultural background.

Additionally, MCPs may use SHA questionnaires for documentation 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. For example, appropriate documentation for the pediatric obesity HEDIS measure requires that "Nutrition" and "Physical Activity" topics be checked in the "Clinic Use Only" section of the questionnaire. Additionally, the "Counseling, Referral, Anticipatory Guidance, and Follow-up Ordered" boxes for these two topics, "Nutrition" and "Physical Activity", must be checked, as appropriate, and documented with the PCP's signature, printed name, and date of service.

If you have questions regarding this PL, please contact an MMCD Health Educator by sending an email to: MMCDHealthEducationMailBox@dhcs.ca.gov.

Sincerely,

Original Signed by Margaret Tatar

Margaret Tatar, Chief
Medi-Cal Managed Care Division