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Director

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



EDMUND G. BROWN JR.
Governor

DATE: October 8, 2013

POLICY LETTER 13-001
(REVISED)

TO: All MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: REQUIREMENTS FOR THE STAYING HEALTHY ASSESSMENT/INDIVIDUAL HEALTH EDUCATION BEHAVIORAL 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 IHEBA 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. Many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption can increase the risk 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>.

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appropriate community resources and other agencies for services not covered under MCP contracts. 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, after the mandatory enrollment of Seniors and Persons with Disabilities (SPDs) into Medi-Cal managed care.

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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 following guidelines and timeframes prescribed below and in 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).

- New Members
New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA. *The effective date of enrollment is the first day of the month following notification by the Medi-Cal Eligibility Data System (MEDS) that a member is eligible to receive services from the MCP.*
- Current Members
Current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam), according to the SHA periodicity table.
- Pediatric Members
Members 0–17 years of age must complete the SHA during the first scheduled preventive care office visit upon reaching a new SHA age group. PCPs must review the SHA annually with the patient (parent/guardian or adolescent) in the intervening years before the patient reaches the next age group.

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.

- Adult and Senior Members
There are no designated age ranges for the adult and senior assessments, although the adult assessment is intended for use by 18 to 55 year olds. The age at which the PCP should begin administering the senior assessment to a member should be based on the patient's health and medical status, and not exclusively on the patient's age.

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The adult or senior assessment must be re-administered every 3 to 5 years, at a minimum. The PCP must review previously completed SHA questionnaires with the patient every year, except years when the assessment is re-administered.

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.

Table 1: SHA Periodicity

DHCS Form Numbers	Age Groups	Periodicity	Administer	Administer/Re-Administer		Review
		Within 120 Days of Enrollment	1 st Scheduled Exam (after entering new age group)	Every 3-5 Years	Annually (intervening years)	
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:

Members should be provided with the following information and guidance on completing the SHA questionnaire:

- The PCP will use the information to identify behavior risks and to assist the member in adopting healthy behaviors.
- SHA translations, interpretation services, and accommodations for any disability are available, if needed. The PCP or clinic staff, as appropriate, can also assist the member in completing the SHA.

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- The completed SHA will be kept in the member's confidential medical record.
- 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 review the SHA with the member during the years between re-administration of a new SHA assessment. The review should include discussion, appropriate patient counseling, and regular follow-up regarding risk reduction plans.

4. SHA Documentation by PCP:

- 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.

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- A member's refusal to complete the SHA 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 training on IHEBA contract requirements to all contracted PCPs and subcontractors. At a minimum, provider training must include:

- IHEBA contract requirements.
- Instructions on how to use the SHA or DHCS approved alternative assessment.
- Documentation requirements.
- Timelines for administration, review, and re-administration.
- 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. Electronic or Other Formats:

MCPs may implement the SHA in an electronic format without prior approval from MMCD, as long as they notify MMCD at least one month before they begin using the electronic format. When MCPs notify MMCD, they must also submit a copy of the SHA in the electronic or other format. Printed screen shots are acceptable. 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.

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7. Alternative IHEBA:

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 administration of the alternative IHEBA, which, at a minimum, must be comparable to the requirements for the SHA.
- A process or method for documenting and verifying that the administration, re-administration, and the annual review of the alternative assessment are similar to the SHA requirements.
- MCPs must ensure that alternative assessments are available in the threshold languages of their members. The request must include copies of the assessment tools in the appropriate threshold languages for each contracted county.

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.

8. Bright Futures Assessment:

MCPs may use the American Academy of Pediatrics *Bright Futures* assessment without prior approval from MMCD, as long as they notify MMCD at least one month before they begin using the *Bright Futures* assessment, and the following conditions are met:

- The most current version of the *Bright Futures* assessment is used and administered according to *Bright Futures* guidelines.
- 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 the threshold languages of their members and made available to MCP providers.

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9. SHA Questionnaires and Resources:

SHA questionnaires and resources will be available on the DHCS website 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 the SHA questionnaires or DHCS-approved alternative assessment forms. MCPs must make sure DHCS approved alternative assessment forms are available in the threshold languages of their members or have interpreters available to translate the questionnaires into a needed language.

10. Healthcare Effectiveness Data and Information Set (HEDIS) Documentation:

MCPs may use SHA questionnaires for documentation of certain 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.

11. Policies and Procedures:

MCPs must submit updated IHEBA Policies and Procedures (P&Ps) for how they plan to implement the SHA/IHEBA requirements for all of the following that apply:

- DHCS-developed SHA.
- SHA in an electronic or other format.
- DHCS approved alternative IHEBA, including information about the method/process to document use, administration, annual review, and follow-up.
- *Bright Futures* Assessment, including information about the method/process to document use, administration, annual review, and follow-up.

The MCPs must include information on how they will train all contracted PCPs and subcontractors.

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12. Implementation Timelines:

- Updated P&Ps must be submitted by *November 1, 2013*.
- MCPs must fully implement the requirements of this PL by *April 1, 2014*.
- MCPs that plan to use the *Bright Futures* assessment must notify MMCD by *March 1, 2014*.
- MCPs that will be implementing an electronic format of the SHA must notify MMCD by *March 1, 2014*.
- MCPs that wish to use an alternative IHEBA must submit their request for approval to MMCD, including all required documentation, (see 7. Alternative IHEBA above) by *February 1, 2014*.

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