



Policy #: 500-5001-D
Title: Individual Health Education Behavioral Assessment: the
Staying Healthy Assessment
Dept.: Provider Services
Effective Date: April 1, 2014

I. PURPOSE

To ensure that members with high-risk behaviors are identified and provided with targeted health education, counseling, interventions, referrals, and follow-up.

II. POLICY

CenCal Health promotes to its members and primary care providers (PCPs) that Individual Health Education Behavioral Assessments (IHEBA) are to be administered to all plan members at the initial and at subsequent periodic health assessments as required. CenCal Health promotes the use of the Staying Healthy Assessment (SHA), developed by the California Department of Health Care Services (DHCS) for the documentation of the IHEBA. In addition, CenCal Health ensures that network PCPs have access to the Staying Healthy Assessment in both English and Spanish, the Plan's threshold languages, and when available, make it available to PCPs in multiple formats (hardcopy, electronic).

CenCal Health has mechanisms to monitor the administration of the SHA to members by providers.

III. DEFINITIONS

None.

IV. PROCEDURE

A. Administration and review of the SHA.

The PCP:

1. Administers the SHA to new members in conjunction with the Initial Health Assessment within 120 days of enrollment.

2. Reviews the completed tool with the member during the office visit.
3. Documents risk factors identified, health education materials provided, plans of care developed, and referrals made, as well as the date and the provider's initials or signature on the tool. The tool then becomes a permanent part of the patient's confidential medical record. More extensive documentation in the progress notes may also be indicated.
4. Review the tool and risk reduction plan with the member during a well visit or non-acute office visit at least annually.
5. Re-administer the tool at age appropriate intervals (0-6 months, 7-12 months, 1-2 years, 3-4 years, 5-8 years, 9-11 years, 12-17 years, adults, and seniors), ideally at the first non-acute office visit (such as for preventive health services) that occurs when a member enters a new age category.

5.1 New Members: New members 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.*

5.2 Current Members: Current members who have not completed an updated SHA, complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam), according to the SHA periodicity table.

5.3 Pediatric Members: Members 0–17 years of age complete the SHA during the first scheduled preventive care office visit upon reaching a new SHA age group. PCPs review the SHA annually with the patient (parent/guardian or adolescent) in the intervening years before the patient reaches the next age group.

5.4 Adolescents: Members 12–17 years) 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 determines the most appropriate age, based on discussion with the parent/guardian and the family's ethnic/cultural background.

5.5 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. The adult 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. Annual re-administration is highly recommended for seniors due to frequently changing risk factors that occur in the senior years.

6. Assistance in completing the tool should be provided to the member as needed.

B. Provider Training and Education.

The Provider Services Department develops and implements relevant provider training programs as needed to assure appropriate implementation of the SHA. The training may include:

1. the purpose of administering the SHA;
2. the process for review of DHCS-approved alternate tools for administering the IHEBA, including use of the American Academy of Pediatrics' *Bright Futures* assessment tool. If an individual provider or provider group wishes to use another alternate tool, it must be submitted to CenCal Health for review. Appropriate CenCal Health staff will compare the tool against DHCS criteria and determine whether it is comparable;
3. the recommended schedule for administration, review, and re-administration of the SHA;
4. alternative methods for administering the tool for visually impaired, low-literate, or illiterate members;

5. inclusion of the completed tool and related documentation, or the member's refusal to complete the tool, as part of the member's permanent medical record;
6. culturally and linguistically appropriate health education interventions;
7. information regarding monitoring by CenCal Health, as required by DHCS, of the administration of the SHAA by the provider network;

In addition, materials to assist providers in implementing the SHA are made available on CenCal Health's website, including a link to all current Staying Healthy Assessment forms.

C. Health Education Materials.

The Senior Health Promotion Educator develops and/or obtains culturally and linguistically appropriate health education materials, including resources for low-literate members, to make available to PCPs for distribution to their patients at the time of their initial and periodic health assessments. These resources include:

1. specific information regarding resources and referrals;
2. health education brochures and fliers to be given to members;
3. information regarding how to obtain additional supplies.

D. Member Education.

Upon enrollment, new members are provided information about the importance of having an Initial Health Assessment within 120 days of enrollment in the plan. This information is provided within their New Member Welcome Packet, as well as during New Member Welcome Calls. In addition, members are provided the following information in their Evidence of Coverage (EOC) booklet, also contained within their New Member Welcome Packet:

1. That they will be asked to complete a SHA at the time of their initial and periodic health assessments (parents/guardians will be completing the tools for children under the age of 12; adolescents and adults complete their own tools);

2. That behavioral health assessment information is confidential, and can be used only by the member's treating provider(s) to identify concerns, develop appropriate treatment plans, and issue referrals;
3. The member's right to refuse to answer any or all behavioral health assessment question(s), and that such refusal will be documented in the medical record.

Annually, all members receive information regarding the recommendations for preventive health guidelines to aid in the scheduling of periodic health assessments.

F. Monitoring and Interventions

CenCal Health monitors the provision of the SHA through ongoing monitoring of preventive care visits and HEDIS measures through its Quality Assessment and Improvement Program, as well as through its Medical Record Audit process. PCPs contracted to provide care to Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) members are required to undergo a full scope facility site and medical record review at the time of contract initiation and every three years thereafter, as per DHCS requirements. Completion of the IHEBA is a required element for these medical record audits. Failure to adequately satisfy this element may result in requiring the PCP to complete a corrective action plan. Please refer to CenCal Health's policies regarding facility site and medical record reviews. In addition, PCPs may also be required to participate in medical record audits on an annual basis as part of routine monitoring and/or the PCP Incentive Program.

G. Staff Education

Certain Provider Services staff has experience and training regarding the IHEBA requirements, and are responsible for developing and presenting materials and inservices for CenCal Health and provider staff. The Senior Health Promotion Educator has expertise in obtaining and/or developing culturally and linguistically appropriate patient education materials, as well as knowledge regarding community resources. Health Services Quality Management staff are certified by DHCS as Site Review Trainers/Master Trainers. On-going education is accomplished through affiliation with appropriate DHCS Facility Site Review (FSR) and Health Education workgroups, and information distributed via DHCS-MMCD policy letters. These designated CenCal Health staff also serve as resources for information regarding the site and medical record review process for CenCal Health and provider staff.

H. Confidentiality and Privacy

Any individual identifiable health information obtained during the course of communications with providers, members and CenCal Health staff shall be protected from loss, tampering, destruction, alteration and unauthorized or inadvertent disclosure. Refer to CenCal Health's detailed policy on confidentiality.

V. FORMS

None

VI. REFERENCE

MMCD: Medi-Cal Managed Care Division, Policy Letter 13-001, Requirements for the Staying Healthy Assessment/Individual Health Education Behavioral Assessment

DHCS: California Department of Health Care Services Contract 08-85212, Exhibit A Attachment 10 Scope of Services, Sections 3.B, 4.A.4, 4.B.2, 5.B.3, and 5.C.3.

POLICIES: CenCal Health policies regarding Facility Site and Medical Record Review.