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Excel MSO  
Provider Bulletin  
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STAYING HEALTHY ASSESSMENT/INDIVIDUAL  
HEALTH EDUCATION BEHAVIORAL ASSESSMENT

The Staying Healthy Assessment (SHA) is the Department of Health Care Services' (DHCS's) Individual Health Education Behavior Assessment (IHEBA). 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). The SHA was first developed in the late 1990s and updated in June 2013 in collaboration with Medi-Cal managed care plans (Plans). The SHA consists of seven age-specific pediatric questionnaires and two adult questionnaires.

**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 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.

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.

### **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.

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.

**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.

**If you have any questions, please contact the Provider Services Department at 408-937-3600 option 7 or [info@excelmso.com](mailto:info@excelmso.com).**