



## Implementing the Initial Health Assessment (IHA) & Staying Healthy Assessment (SHA)

2022 Compliance Training | Quality Improvement Dept.



## Training Objectives

- Understand the state requirements and your role in identifying newly enrolled patients requiring an Initial Health Assessment (IHA) and a Staying Healthy Assessment (SHA) questionnaire.
- Identify the necessary components, required timelines and exceptions to completing the IHA and SHA.
- Source and implement the Optum SHA resources to ensure that patients successfully complete the SHA questionnaire, providers review identified risk factors, document patient education/interventions and sign the SHA form.

# Overview of IHA & SHA

## Initial Health Assessment (IHA)

The Initial Health Assessment (IHA) is a comprehensive assessment that is completed during the member's initial encounter(s) with a selected or assigned primary care physician (PCP) to assess and manage the acute, chronic and preventive health needs of the member.

- **Only upon initial enrollment.**
- No subsequent requirement, complete 1x only upon new enrollment.

## Staying Healthy Assessment (SHA)

The Staying Healthy Assessment (SHA) is the Individual Health Education Behavioral Assessment (IHEBA) developed by the California Department of Health Care Services (DHCS) and a required component of the IHA.

- **Age specific**
- Identifies and tracks high-risk patient health behaviors
- Assists with initiating discussions and health education counseling regarding high risk behaviors
- Required at initial enrollment and re-administered as patients enter every age group (see SHA Periodicity Table)
- Required to be annually reviewed with patient to determine changes and necessary follow-up

## Health Plan Eligibility

The IHA and SHA are state requirements that are applied to **all Medi-Cal** beneficiaries and patients enrolled in specific health plan lines of business, including:

- **CalOptima – Medi-Cal**
- **LA Care – Cal Medi-Connect**
- **SCAN - Dual Eligible Special Needs Plan (D-SNP)**

# Initial Health Assessment (IHA)

# Importance of the IHA

Annual wellness visits and age-appropriate screenings can help avoid preventable deaths. The IHA and SHA help the provider to:

- Establish a baseline for patients whose function can change drastically from year-to-year, especially chronically ill and elderly.
- Improve clinical quality metrics by addressing patient care gaps with preventative screenings.
- Identify detrimental social determinants of health (SDOH)

Check out AHRQ's Electronic Preventive Service Selector (ePSS) - a free tool designed to help primary care clinicians identify USPSTF recommendations and clinical preventive services that are appropriate for their patients. (<https://epss.ahrq.gov/PDA/index.jsp>)

## Providers

- Comprehensive assessments help identification of patient care needs
- More accurate patient coding
- Greater ability to promote preventative care
- Decreased acute utilization

## Patients

- Increased engagement, connect behavior to health outcomes
- Greater patient accountability and improved health literacy
- Increase patient awareness and ability to self manage

# Required Components of the IHA

Comprehensive History	Preventive Services	Comprehensive Physical and Mental Status Exam	Staying Healthy Assessment (SHA)	
<p><b>History of Present Illness</b></p> <p><b>Past Medical History</b></p> <ul style="list-style-type: none"> <li>• Prior major illness/injury</li> <li>• Prior operations</li> <li>• Prior hospitalizations</li> <li>• Current medications</li> <li>• Allergies</li> <li>• Immunization status</li> <li>• Dietary status</li> </ul> <p><b>Social history</b></p> <ul style="list-style-type: none"> <li>• Marital status</li> <li>• Living arrangements</li> <li>• Current employment</li> <li>• Occupational history</li> <li>• Use of alcohol, drugs and tobacco</li> <li>• Level of education</li> <li>• Sexual history</li> </ul> <p><b>Review of organ systems</b></p>	<p><b>Asymptomatic Health Adults</b></p> <p>USPSTF Grade A &amp; B recommendations are offered based on age, sex, and risk factors for providing preventive screening, testing and counseling services.</p> <p><b>Members Under 21 Years of Age</b></p> <p>Offer preventive services as specified by the American Academy of Pediatrics (AAP) age specific guidelines and periodicity schedule. Must include age specific assessments and services required by the Child Health and Disability Prevention Program. (CHDP).</p> <p><b>Perinatal Services</b></p> <p>Offer perinatal services for pregnant members according to standards/guidelines of the American College of Obstetrics and Gynecology (ACOG)</p>	<p>Sufficient to assess and diagnose acute and chronic conditions</p>	<p><b>Age-specific Form</b></p> <ul style="list-style-type: none"> <li>• 0-6mo (16 questions)</li> <li>• 7-12mo (18 questions)</li> <li>• 1-2y (24 questions)</li> <li>• 3-4y (24 questions)</li> <li>• 5-8y (23 questions)</li> <li>• 9-11y (28 questions)</li> <li>• 12-17y (36 questions)</li> <li>• Adult (27 questions)</li> <li>• Senior (32 questions)</li> </ul> <p><b>5-8 Categories:</b></p> <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Safety</li> <li>• Dental health</li> <li>• Tobacco</li> <li>• Mental health (5y+)</li> <li>• Alcohol/drug use (9y+)</li> <li>• Sexual issues (9y+)</li> <li>• Independent living (Senior only)</li> </ul>	
		<p><b>Diagnoses and Plan of Care</b></p>		
		<p>Must include all recommended orders and follow-up activities</p>		

## Capturing IHA completion in the medical record

While the components of the IHA are captured in different assessment templates and visit types, the following CPT codes can be used to bill for IHA-qualifying visits.

**The IHA is a collection of assessments, evaluations and preventative care visits** that can be reflected in billable CPT and Diagnostic codes, as well as progress note narrative.

- History of Present Illness & Diagnoses
- Past Medical History
- Social history
- Review of organ systems
- Preventative screens
- Physical and Mental Status exams
- Plan of Care (follow-ups, referrals, etc.)

CPT or Diagnosis Code (s)	Description
99201 - 99205	OFFICE/OUTPATIENT VISIT NEW
99211 - 99215	OFFICE/OUTPATIENT VISIT EST
99241 - 99245	OFFICE CONSULTATION
99304 - 99306	NURSING FACILITY INIT
99326 - 99328	DOMICILE/R-HOME VISIT NEW PAT
99341 - 99345	HOME VISIT NEW PATIENT
99347 - 99350	HOME VISIT EST PATIENT
99381	INIT PM E/M NEW PAT INFANT
99382	INIT PM E/M NEW PAT 1-4 YRS
99383	PREV VISIT NEW AGES 5-11
99384	PREV VISIT NEW AGES 12-17
99385	PREV VISIT NEW AGE 18-39
99386	PREV VISIT NEW AGE 40-64
99387	PREV VISIT NEW 65 & OVER
99391	PER PM REEVAL EST PAT INFANT
99392	PREV VISIT EST AGE 1-4
99393	PREV VISIT EST AGE 5-11
99394	PREV VISIT EST AGE 12-17
99395	PREV VISIT EST AGE 18-39
99396	PREV VISIT EST AGE 40-64
99397	PREV VISIT EST 65 & OVER
99406	BEHAV CHNG SMOKING 1-10 MIN
99407	BEHAV CHNG SMOKING >10 MIN
99461	INIT NM EM PER DAY NON-FAC
G0402	INITIAL PREVENTIVE EXAM
G0438	ANNUAL WELLNESS VISIT; PERS
G0439	ANNUAL WELLNESS VISIT; PPS
G0442	ALCOHOL AND/OR DRUG SCREENING
G0443	ALCOHOL AND DRUG SRVC BRP PER 15 MIN
H2000	COMP MULTIDISCIPLINARY EVALUATION
Z1032	INITIAL ANTERPARTUM OFFICE VISIT
Z6200	INITIAL NUTRITIONAL ASSESSMENT/DE
Z6202	SUBSQUEUENT NUTRITIONAL ASSESSMENT
Z6300	INIT PSYCHOSOCIAL ASSESS/DEVEL FIRS
Z6400	NEW CLIENT ORIENTATION EA 15 MIN
Z6402	INITIAL HEALTH ED ASSESS/DEVELOP 30
Z6404	SUB HEALTH ED ASSESS/DEVELOP 15 MIN
Z6500	INITIAL COMPREHENSIVE NUTRITION
<b>Z00 Series (Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z00.6, Z00.70, Z00.71, Z00.8)</b>	
<b>Z02 Series (Z02.0 - Z02.6, Z02.71, Z02.79, Z02.81 - Z02.83, Z02.89, Z02.9)</b>	

# Capturing SHA completion in the medical record

The **SHA is a form** that must be completed along with the IHA, and again at age-specific intervals.

## SHA Coding

- **96156** HLTH BHV ASSMT/ REASSESSMENT

Even when CPTs are billed, the SHA Form must be completed and present in the medical record to meet compliance.

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

### Staying Healthy Assessment

#### 12 – 17 Years

Name (first & last)	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date	Grade in School:
Person Completing Form	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)			School Attendance Regular? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Need Interpreter?  Yes  No

Your answers will be protected.

1	Do you drink or eat 3 milk, cheese, yogurt,?			
2	Do you eat fruits and			
3	Do you eat high fat fo pizza more than once?			
4	Do you drink more thi sports drink, energy d			
5	Do you exercise or pl			
6	Are you concerned ab			
7	Do you watch TV or f			
8	Does your home have			
9	Does your home have (800-222-1222) poste			
10	Do you always wear a			
11	Do you spend time in			
12	Do you spend time wi weapon?			
13	Do you always wear a scooter?			
14	Have you ever witness			
15	Have you been hit, sla (or have you hurt som			
..	Have you ever been bi			

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

### Staying Healthy Assessment

#### Adult

Patient's Name (first & last)	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date
Person Completing Form (if patient needs help)	<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other (Specify)		Need help with form? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record. Need Interpreter?  Yes  No

				Nutrition		
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip		
2	Do you eat fruits and vegetables every day?	Yes	No	Skip		
3	Do you limit the amount of fried food or fast food that you eat?	Yes	No	Skip		
4	Are you easily able to get enough healthy food?	Yes	No	Skip		
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	No	Yes	Skip		
6	Do you often eat too much or too little food?	No	Yes	Skip		
7	Are you concerned about your weight?	No	Yes	Skip		
8	Do you exercise or spend time doing activities, such as walking, gardening, swimming for ½ hour a day?	Yes	No	Skip	Physical Activity	
9	Do you feel safe where you live?	Yes	No	Skip	Safety	
10	Have you had any car accidents lately?	No	Yes	Skip		
11	Have you been hit, slapped, kicked, or physically hurt by someone in the last year?	No	Yes	Skip		
12	Do you always wear a seat belt when driving or riding in a car?	Yes	No	Skip		
13	Do you keep a gun in your house or place where you live?	No	Yes	Skip		
14	Do you brush and floss your teeth daily?	Yes	No	Skip	Dental Health	
15	Do you often feel sad, hopeless, angry, or worried?	No	Yes	Skip	Mental Health	





# Staying Healthy Assessment (SHA)

# Importance of completing a SHA for your patients

## Regulatory

- Mandated by CA Department of Health Care Services (DHCS Requirement)
- Annual Health Plan compliance audits

## Monitoring

- Identify and monitor high-risk behaviors
- Track interventions and behavior modification across time, *ie.* Smoking cessation.
- Streamlines HEDIS documentation for providers, ensures members get preventative health services.

## Engagement

- Builds trust between provider and patient
- Improves patient-provider relationships and patient satisfaction
- Initiates important health discussions by providing tailored health education, counseling, interventions, referrals and follow-up

## Patient-Centered Prioritizing

- Personalized care planning.
- Prioritize patient health education needs related to lifestyle, behavior, environment and cultural & linguistic needs.
- Allows provider to document patient counseling

# SHA Requirements

## SHA Requirements

The SHA is required to be administered within specific timeframe after enrollment as part of the patients overall IHA, reviewed with patient annually **AND** re-administered with the age specific SHA form at first scheduled exam of patient entering new age group:

**Age Groups:** 0-6 mo., 7-12 mo., 1-2yrs., 3-4 yrs., 5-8yrs., 9-11yrs., 12-17yrs., Adult, Senior

- Adult's and Senior's must have new form completed every 3 - 5 years
- Patients < 12 y/o complete the form with the help of a parent or guardian.
- Patients 12 y/o > can complete the form for themselves.

## Health Plan Eligibility and Timeframe

The specific timeframe for the IHA and initial SHA to be completed depends on the member's health insurance carrier and type of plan.

Completion **within 120 days** of enrollment:

- CalOptima** Medi-Cal
- LA Care** Cal MediConnect

Completion **within 90 days** of enrollment:

- SCAN** Dual Eligible Special Needs Plan (D-SNP)

## Forms in Languages Available

The SHA age specific forms are available in all Medi-Cal Threshold Languages in **Cozeva** > Resources > Staying Healthy Assessment > Assessment Forms.

Forms can also be downloaded directly from [DHCS.CA.gov](https://dhcs.ca.gov)

- Languages:** Arabic, Armenian, Chinese, English, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog and Vietnamese

Please note: Farsi and Khmer age-specific SHA questionnaires are available upon request.

Please contact SCAN, LA Care or CalOptima for copies.

# SHA Frequency

The DHCS requires the SHA form to be reviewed with the patient annually and a new form completed according to the age specific SHA Periodicity Table.

Questionnaire	Administer	Administer/Re-administer		Review
Age Groups	Within 120 Days of Enrollment  <i>Within 90 days of for SCAN DSNP</i>	1 <sup>st</sup> Scheduled Exam <i>(after entering new age group)</i>	Every 3-5 years	Annually ( <i>Interval Years</i> )
0-6 mo.	✓			
7-12 mo.	✓	✓		
1-2 yrs.	✓	✓		✓
3-4 yrs.	✓	✓		✓
5-8 yrs.	✓	✓		✓
9-11 yrs.	✓	✓		✓
12-17 yrs.	✓	✓		✓
Adult	✓		✓	✓
Senior	✓		✓	✓

# IHA/SHA Timeline Exceptions

Exceptions from timeline requirements can occur in the following situations:

- IHA/SHA already completed 12 months prior to enrollment.
- Documented Patient Refusal for an IHA/SHA in the medical record.
- Patient missed scheduled appointment and (2) additional documented attempts to reschedule have been unsuccessful.

**Documentation of exception must include:**

1. One attempt to contact patient by telephone
2. One attempt to contact the patient by letter or postcard
3. A good faith effort to update patients contact information
4. Attempts to perform the IHA at any subsequent patient office visit, even if deadline for IHA has elapsed, until the IHA is completed or the member is dis-enrolled

# Accessing & Completing the SHA Form

# DHCS SHA Forms are on Cozeva

1. Click on *question mark* icon

OPTUM

Search



## STAYING HEALTHY ASSESSMENT

Description

2. Select *Resources* from drop down

3. Click *Assessment Forms* link

[Assessment Forms](#)

Download the correct age band and language form for your patient

### Live Chat

Chat with a Cozeva Expert

### Resources

Organization specific tutorials and videos

### Help Center

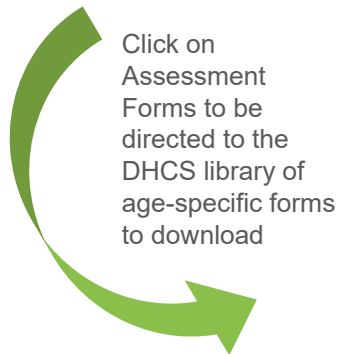
View COZEVA articles and workflows

### Support Tickets

View all your support tickets

### Submit a support ticket

Share feedback or describe an issue



Click on Assessment Forms to be directed to the DHCS library of age-specific forms to download

CA .GOV Home f t in Home About DHCS Translate

**DHCS**

Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

## Staying Healthy Assessment Questionnaires (SHA)

Age and language-specific SHA questionnaires can be opened by clicking the links below. Currently all questionnaires are available in a PDF format. Please note: Farsi, and Khmer age-specific SHA questionnaires are available upon request. Please contact the health plan you contract with for copies.

- [DHCS 7098 A \(12/14\) - Staying Healthy Assessment: 0-6 Months](#)  
Alt: [Arabic](#), [Armenian](#), [Chinese](#), [Hmong](#), [Korean](#), [Russian](#), [Spanish](#), [Tagalog](#), [Vietnamese](#)
- [DHCS 7098 B \(12/14\) - Staying Healthy Assessment: 7-12 Months](#)  
Alt: [Arabic](#), [Armenian](#), [Chinese](#), [Hmong](#), [Korean](#), [Russian](#), [Spanish](#), [Tagalog](#), [Vietnamese](#)
- [DHCS 7098 C \(12/13\) - Staying Healthy Assessment: 1-2 Years](#)  
Alt: [Arabic](#), [Armenian](#), [Chinese](#), [Hmong](#), [Korean](#), [Russian](#), [Spanish](#), [Tagalog](#), [Vietnamese](#)
- [DHCS 7098 D \(12/13\) - Staying Healthy Assessment: 3-4 Years](#)  
Alt: [Arabic](#), [Armenian](#), [Chinese](#), [Hmong](#), [Korean](#), [Russian](#), [Spanish](#), [Tagalog](#), [Vietnamese](#)
- [DHCS 7098 E \(12/13\) - Staying Healthy Assessment: 5-8 Years](#)  
Alt: [Arabic](#), [Armenian](#), [Chinese](#), [Hmong](#), [Korean](#), [Russian](#), [Spanish](#), [Tagalog](#), [Vietnamese](#)

# Completing the SHA Form

State of California — Health and Human Services Agency			Department of Health Care Services	
<b>Staying Healthy Assessment</b>				
<b>Senior</b>				
Patient's Name (first & last)		Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date
Person Completing Form (if patient needs help)		<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other (Specify)	Need help with form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.				Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Clinic Use Only:</i>				
Nutrition				
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip
2	Do you eat fruits and vegetables every day?	Yes	No	Skip
3	Do you limit the amount of fried food or fast food that you eat?	Yes	No	Skip
4	Are you easily able to get enough healthy food?	Yes	No	Skip
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	No	Yes	Skip
6	Do you often eat too much or too little food?	No	Yes	Skip
7	Do you have difficulty chewing or swallowing?	No	Yes	Skip
8	Are you concerned about your weight?	No	Yes	Skip
9	Do you exercise or spend time doing activities, such as walking, gardening, or swimming for at least ½ hour a day?	Yes	No	Skip
Physical Activity				
10	Do you feel safe where you live?	Yes	No	Skip
Safety				

- Encourage patients to self-complete the SHA.
- Assure patients that SHA responses are confidential and will be kept in the medical record.

Ensure patient information is filled entirely. This includes full name, date of birth and gender. Confirm date is entered and, if applicable, the need of an interpreter or person assisting patient complete form is documented.

If the patient has circled any answers in the center column, document intervention on page two of SHA and in the EMR.

Clinic Use only section - groups questions into categories and provides additional space for provider to make optional notes



# Completing the SHA Form

<i>Clinic Use Only</i>	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Alcohol, Tobacco, Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Patient Declined the SHA</b>					
PCP's Signature: _____		Print Name: _____		Date: _____	
SHA ANNUAL REVIEW					
PCP's Signature: _____		Print Name: _____		Date: _____	
PCP's Signature: _____		Print Name: _____		Date: _____	
PCP's Signature: _____		Print Name: _____		Date: _____	
PCP's Signature: _____		Print Name: _____		Date: _____	
DHCS 7098 I (Rev 12/13)		SHA (Senior)		Page 2 of 2	

After reviewing the form with the patient, check the categories that require intervention and ensure outcomes of these actions are noted in the patients medical record to ensure continuity of care.

If patient refuses or declines to complete the SHA questionnaire, please **check the Patient Declined the SHA box**.

Be sure to explain the health benefits to the patient of completing the form, but it is the patients right to decline.

SHA must be signed and dated by physician in order to be compliant.

## FINAL STEP:

- Once form is completed, reviewed, documented and signed: send to scanning for upload to patient's medical record in Touchworks.

# Optum

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2022 Optum, Inc. All rights reserved.