

ALTERNATIVE IHEBA REQUEST FORM

DHCS strongly encourages the use of the pre-approved SHA. If subcontracted medical groups, independent physician associations, or individual PCP's prefer to use an alternative IHEBA, a request must be submitted to the Health Plan for approval. An alternative IHEBA must be approved by the Health plan and the State before it can be used by the providers. Please complete this request form and email it along with a PDF copy of the proposed alternative IHEBA tools and supporting documents to: HealthEducation.MHC@MolinaHealthcare.com.

Clinic/Organization Name:		Date:	
Provider's First Name:	Last Name:	Phone:	
Street Address:	City:	State:	Zip Code:
Email:		Fax No:	

Please identify the providers or provider groups who will be using this alternative IHEBA:

INFORMATION ABOUT ALTERNATIVE IHEBA

Alternative IHEBA's Name/Title:	Date Last Update:
---------------------------------	-------------------

1. Why was the alternative IHEBA developed (for what purpose) and by whom?

2. Check the SHA age groups that will use the alternative IHEBA:	<input type="checkbox"/> 0-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years <input type="checkbox"/> 5-8 years <input type="checkbox"/> 9-11 years	<input type="checkbox"/> 12-17 years <input type="checkbox"/> Adult <input type="checkbox"/> Senior
--	---	---	---

3. If the assessment IHEBA does not cover all SHA age groups, what assessment will be used for the other age groups?

4. If the assessment age groups are not the same as the SHA, please list the age groups/ranges for each assessment:

5. Does the alternative IHEBA include the content and specific risk factors included in the most current SHA?

If not the same, but comparable to the SHA, please attach a table with a crosswalk of the SHA questions/risk factors and the alternative IHEBA. The SHA questions/risk factors may be reworded, and the timeframes do not have to exactly match the SHA's age ranges; however, the health plan must demonstrate that the alternative IHEBA is comparable to the SHA. MMCD suggests using the Adult and/or Pediatric Table of Questions by Age Group to create a crosswalk of SHA questions with alternative IHEBA's questions/risk/factors. Be sure to enter the following information on the table: 1) new or alternate wording, next to the SHA questions, 2) timeframes for addressing specific risk factors (if not the same as the SHA), 3) explanation/justification for any risk factors not addressed in the alternative IHEBA, (e.g., smoking status is regularly assessed and documented in the medical record at the beginning of each office visit).

6. Is the periodicity and schedule for administration of the alternative IHEBA, at a minimum, comparable to the SHA?

If not the same as the SHA, please provide an explanation that includes the following: 1) timeframes for the administration of the alternative IHEBA. 2) If the IHEBA is not administered on an annual basis, how will the IHEBA be reviewed/discussed with the patient by the PCP and how often? Describe the process for following up on identified risk factors and explain how it differs from the SHA?

7. Is the documentation process for the administration, re-administration, and annual review of the alternative IHEBA comparable to the SHA?

Please provide an overview of the documentation process for the administration, re-administration, annual review, and follow-up? Please include an explanation of how the Member refusal will be documented and whether the Member will be encouraged to complete the IHEBA in subsequent years? Is the documentation process similar to the SHA? If not, how does it differ and will it make a difference on how the assessment is used?

8. How will Member responses to SHA questions be collected? <i>Please check the primary method only</i>	<input type="checkbox"/> Member will self-complete a paper- based assessment, to be kept in member's medical record <input type="checkbox"/> Member will self-complete a paper-based assessment, then responses will be transferred to the Member's electronic medical record <input type="checkbox"/> Provider or other clinic staff member, as appropriate, will verbally ask the questions and enter responses directly into the electronic medical record <input type="checkbox"/> Other (specify)
--	--

9. Will alternate IHEBA be updated and re-submitted (with updated request form and updated tools) within 3 years from the date of the State's approval of this alternative IHEBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

10. If the alternative IHEBA is modified (e.g. changes to assessment tools, age groups, providers using the alternative IHEBA, etc.) prior to the 3 year re-submission deadline, will the alternative IHEBA be re-submitted to Health Plan for prior approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

REQUEST FORM ATTACHMENTS

Please list and identify all attachments to this request form. (If the IHEBA is only available in an electronic format, attach PDF screen shots of the assessment for each age group.)