

## Staying Healthy Assessment (SHA) Training Attestation & Sign-In Form

### Section I: Instructions

- ✓ It is mandatory that ALL Medi-Cal Managed Care Primary Care Providers (PCP) be trained on the implementation of the new Staying Healthy Assessment (SHA) forms. All PCPs are required to implement the SHA form during Initial Health Assessment (IHA) and periodic physical exams effective immediately.
- ✓ Follow the link to access the Provider PowerPoint™ Training Presentation - <http://tiny.cc/b1a29w>  
Click on the Slide Show option if the audio portion of the training does not start. You can also access the training on Molina website: <http://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>
- ✓ **Fax the completed form to Molina Provider Services at 562-951-1529.**
- ✓ For more information on the Staying Healthy Assessment, including SHA forms in all threshold languages and DHCS Policy Letter, please visit: <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>
- ✓ If your clinic is planning to scan the paper-based SHA into your EMR or planning to use an electronic version of the SHA, please complete and fax the ELECTRONIC SHA NOTIFICATION FORM along with this training attestation. Electronic SHA notification form can be found on the above Molina website.

### Section II: Provider Information

PROVIDER NAME		BUSINESS NAME (If applicable)	
STREET ADDRESS		CITY	STATE CA
COUNTY	TELEPHONE NUMBER	FAX NUMBER	ZIP CODE

### Section III: Attestation

*I acknowledge that this office has received the updated Staying Healthy Assessment training via*

Recorded Webinar    On-site training    Other:

Signature of Physician/Designee X	Printed Name and Title	Date
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### Section IV: Staying Healthy Assessment Training Agenda

- SHA Requirements
- Instructions on how to use the SHA
- Documentation requirements
- Timelines for administration and review
- Specific information and resources for providing culturally and linguistically appropriate patient health education services/interventions
- Plan specific information regarding SHA resources and referral

### Section V: All PCPs and Office Staff Sign-In Sheet (Please attach additional pages if necessary.)

Printed Name and Title	Signature