

USE OF BRIGHT FUTURES NOTIFICATION FORM

DHCS strongly encourages the use of the pre-approved SHA. Providers may use the AAP's Bright Futures assessment without prior approval only if all requirements below are met and the Health Plan is notified two months before it is used. Please complete and email this notification form along with any other information (as needed) 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 Bright Futures Assessment tool:

INFORMATION ABOUT THE USE OF BRIGHT FUTURES

<input type="checkbox"/> Initial Notification	<input type="checkbox"/> Subsequent Notification (if there is a change in providers who use Bright Futures or age groups covered by Bright Futures)		Expected Implementation Date:
1. Check the age groups that will use Bright Futures:	<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"/> Other (specify)
2. List the Bright Futures tools and schedule for administering Bright Futures assessments to Members:			
3. How will providers document the administration (or Member refusal), re-administration, follow-up, and a signature? Describe the documentation process for Bright Futures:			

4. The most current version of the Bright Futures assessment tools must be used by providers and administered according to Bright Futures Guidelines and DHCS requirements.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The Bright Futures assessment tools will be made available in Molina's threshold languages prior to implementation.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check the available languages:	<input type="checkbox"/> English	<input type="checkbox"/> Armenian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Khmer	<input type="checkbox"/> Tagalog
	<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
Additional Comments:				