



## SHA ELECTRONIC OR OTHER FORMAT NOTIFICATION FORM

Providers may use the SHA in an electronic or other assessment tool format without prior approval as long as all the requirements below are met and the Health Plan is notified two months before it is used. Be sure to attach a copy of printed screen shots of the SHA electronic or other assessment tool format to this notification form and email to: [HealthEducation.MHC@MolinaHealthcare.com](mailto: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 SHA electronic or other format:

  
  
  
  

### SHA ELECTRONIC OR OTHER FORMAT INFORMATION

<input type="checkbox"/> Initial Notification	<input type="checkbox"/> Subsequent Notification (Following a SHA question update)	Expected Implementation Date:
1. Check the age group that will use SHA format:	<input type="checkbox"/> 0-6 months <input type="checkbox"/> 3-4 years <input type="checkbox"/> 7-12 months <input type="checkbox"/> 5-8 years <input type="checkbox"/> 1-2 years <input type="checkbox"/> 9-11 years	<input type="checkbox"/> 12-17 years <input type="checkbox"/> Adult <input type="checkbox"/> Senior
2. Indicate how you will be implementing this SHA format	<input type="checkbox"/> Add the exact SHA questions into an electronic medical record <input type="checkbox"/> Scan the SHA to use it as an electronic medical record <input type="checkbox"/> Use the SHA in a different electronic or assessment tool format	

3. This alternate SHA format must include a way for providers to document the administration (or Member refusal), re- administration, follow up, and a signature. Describe the documentation process for this SHA format:

<p>4. How will Member responses to SHA questions be collected? Please check the primary method to be used:</p>	<p><input type="checkbox"/> Member will self-complete a paper- based assessment, to be kept in member's medical record</p> <p><input type="checkbox"/> Member will self-complete a paper-based assessment, then responses will be transferred to the Member's electronic medical record</p> <p><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</p> <p><input type="checkbox"/> Other ( specify)</p>
<p>5. Will this alternate SHA format be kept updated, according to the most recent SHA questionnaire update that is posted on the State's website?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>6. Will alternate SHA format be updated and re-submitted (with notification form, screen shot, or copy) to the <a href="mailto:HealthEducation.MHC@MolinaHealthcare.com">HealthEducation.MHC@MolinaHealthcare.com</a> Health Education mailbox within 3 months following the posting of revised/updated SHA questionnaire on the State's website?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

**NOTIFICATION FORM ATTACHMENTS**

Please list and identify attachments to this notification form: