

# STAYING HEALTHY ASSESSMENT (SHA)

## Instruction Sheet for the Provider Office

**SHA PERIODICITY TABLE**

| Questionnaire Age Groups | Administer Within 120 Days of Enrollment | Administer /Re-Administer 1 <sup>st</sup> Scheduled Exam (after entering new age group ) | Every 3-5 Years | Review Annually (Intervening Years) |
|--------------------------|------------------------------------------|------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| 0 - 6 Mo                 | √                                        |                                                                                          |                 |                                     |
| 7 - 12 Mo                | √                                        | √                                                                                        |                 |                                     |
| 1 - 2 Yrs                | √                                        | √                                                                                        |                 | √                                   |
| 3 - 4 Yrs                | √                                        | √                                                                                        |                 | √                                   |
| 5 - 8 Yrs                | √                                        | √                                                                                        |                 | √                                   |
| 9 -11 Yrs                | √                                        | √                                                                                        |                 | √                                   |
| 12 - 17 Yrs              | √                                        | √                                                                                        |                 | √                                   |
| Adult                    | √                                        |                                                                                          | √               | √                                   |
| Senior                   | √                                        |                                                                                          | √               | √                                   |

### SHA COMPLETION BY MEMBER

- ❖ Explain the SHA's purpose and how it will be used by the PCP.
- ❖ Offer SHA translation, interpretation, and accommodation for any disability if needed.
- ❖ Assure patient that SHA responses will be kept confidential in patient's medical record, and that patient's has the right to skip any question.
- ❖ A parent/guardian must complete the SHA for children under 12.
- ❖ Self-completion is the preferred method of administering the SHA because it increases the likely hood of obtaining accurate responses to sensitive or embarrassing questions.
- ❖ If preferred by the patients or PCP, the PCP or other clinic staff may verbally asked questions and record responses on the questionnaire or electronic format.

### PATIENT REFUSAL TO COMPLETE THE SHA

- ❖ How to document the refusal on the SHA:
  - 1) Enter the patient's name and "date of refusal" on first page
  - 2) Check the box "SHA Declined by Patient" (last page page)
  - 3) PCP must sign, print name and date the back page
- ❖ Patients who previously refused/declined to complete the SHA should be encouraged to complete an age appropriate SHA questionnaire each subsequent year during scheduled exams.
- ❖ PCP must sign, print name and date an age appropriate SHA each subsequent year verifying the patient's continued refusal to complete the SHA.

### SHA RECOMMENDATIONS

#### Adolescents (12-17 Years)

- ☐ Annual re-administration is highly recommended for adolescents due to frequently changing behavioral risk factors for this age group.
- ☐ Adolescents should begin completing the SHA on their own at the age of 12 (without parent/guardian assistance) or at the earliest age possible. The PCP will determine the most appropriate age, based on discussion with the family and the family's ethnic/cultural/community background.

#### Adults and Seniors

- ☐ The PCP should select the assessment (Adult or Senior) best suited for the patient's health & medical status, e.g., biological age, existing chronic conditions, mobility limitations, etc.
- ☐ Annual re-administration is highly recommended for seniors due to frequently changing risk factors that occur in the senior years.

### PCP RESPONSIBILITIES TO PROVIDE ASSISTANCE AND FOLLOW-UP

- ❖ PCP must review and discuss newly completed SHA with patient. Other clinic staff may assist if under supervision of the PCP, and if medical issues are referred to the PCP.
- ❖ If responses indicate risk factor(s) (boxes checked in the middle column), the PCP should prioritize patient's health education needs and willingness to make life style changes, provide tailored health education counseling, interventions, referral and follow-up.
- ❖ Annually, PCP must review & discuss previously completed SHA with patient (intervening years) and provide appropriate counseling and follow-up on patient's risk reduction plans, as needed.

### REQUIRED PCP DOCUMENTATION

- ❖ PCP must sign, print name and date the newly administered SHA to verify it was reviewed with patient and assistance/follow-up was provided as needed.
- ❖ PCP must check appropriate boxes in "Clinical Use Only" section to indicate topics and type of assistance provided to patient (last page).
- ❖ For subsequent annual reviews, PCP must sign, print name and date "SHA Annual Review" section (last page) to verify the annual review was conducted and discussed with the patient.
- ❖ Signed SHA must be kept in patient's medical record.

### OPTIONAL CLINIC USE DOCUMENTATION

- ❖ Shaded "Clinic Use Only" sections (right column next to questions) and "Comments" section (last page) may be used by PCP/clinic staff for notation of patient discussion and recommendations.