

ALTERNATIVE
INDIVIDUAL HEALTH EDUCATION
BEHAVIORAL ASSESSMENT TOOL (IHEBA)
REQUEST FORM



L.A. Care Health Plan Providers: Fax completed form to 1-213-438-5042.
If you have questions, please call L.A. Care’s Health Education team at 1-855-856-6943.

DHCS strongly encourages the use of the Staying Health Assessment (SHA). Alternative assessment tools must meet the following requirements. Please attach a sample of the alternative assessment tool in your plan’s threshold languages with this request.

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

ALTERNATIVE ASSESSMENT TOOL QUESTIONS

Today’s date:	
1. Expected date of implementation (must be at least two months after today’s date):	
2. Name of alternative assessment tool:	
3. List names of providers or provider groups that will be using this alternative assessment tool:	
4. Check the age groups for which the alternative assessment tool will be used: <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	
5. Does the alternative assessment tool include the same content and risk factors in the most current version of the SHA? (Compare your content with the SHA Behavioral Risk handout at www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the periodicity table and schedule for administration, at a minimum, comparable to the requirements for the SHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a method for documenting and verifying that the periodic administration, re-administration and annual review of the alternative assessment tool are similar to SHA requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will the alternative assessment tool be able to be updated in accordance with all SHA updates? Provider needs to re-submit this tool for approval every three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is this alternative assessment tool available in your plan’s threshold languages? Check available languages:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese	

SIGNATURE

Provider Signature:	Date:
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HEALTH PLAN USE ONLY

Met SHA standards:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DHCS Notification Date:	DHCS <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: