



## SHA ELECTRONIC OR OTHER FORMAT NOTIFICATION FORM

*Health plans (and not individual providers) are responsible for submitting notification forms to MMCD.*

**Health plan providers may use the SHA in an electronic or other assessment tool format without prior approval as long as all the requirements (MMCD PL 13-001) are met and MMCD is notified one month 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: [MMCDHealthEducationMailbox@dhcs.ca.gov](mailto:MMCDHealthEducationMailbox@dhcs.ca.gov).**

Health Plan:	Date:
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Contact Person:	Phone:
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Title:	Email:
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Please identify the providers or provider groups who will be using this SHA 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:
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1. Check the age groups that will use this SHA format :	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 12-17 years
	<input type="checkbox"/> 7-12 months	<input type="checkbox"/> 5-8 years	<input type="checkbox"/> Adult
	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 9-11 years	<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
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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:

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

Please list and identify attachments to this notification form: