

**BRIGHT FUTURES ASSESSMENT TOOL
NOTIFICATION FORM**

L.A. Care / Anthem / Care1st Providers: Fax completed form to 1-213-438-0542.
If you have questions email HealthEducation@lacare.org or call 1-855-856-6943.

DHCS strongly encourages the use of the SHA. Providers may use the American Academy of Pediatrics Bright Futures assessment without DHCS approval only if it meets the following requirements. Providers must notify their health plan before implementing Bright Futures.

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

BRIGHT FUTURES ASSESSMENT TOOL QUESTIONS

Today's date:		
1. Expected date of implementation (must be at least two months after today's date):		
2. List names of providers or provider groups that will be using this alternative assessment tool:		
3. Check the age groups for which Bright Futures 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
4. Will the most current version of the <i>Bright Futures</i> assessment be used and administered according to <i>Bright Futures</i> guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is there a method or process in place to document and verify the administration of the assessment and follow up? If Yes , please explain below how this is done:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is this Bright Futures assessment tool available in your plan's threshold languages? Check available languages: <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	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Provider signature:	Date:
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HEALTH PLAN USE ONLY

Met SHA standards: <input type="checkbox"/> Yes <input type="checkbox"/> No
