



## ALTERNATIVE IHEBA ASSESSMENT TOOL REQUEST FORM

**L.A. Care / Anthem / Care1st Providers: Fax completed form to 1-213-438-5042.**

If you have questions email [HealthEducation@lacare.org](mailto:HealthEducation@lacare.org) or call 1-855-856-6943.

**DHCS strongly encourages the use of the 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:

- 0-6 months   
  7-12 months   
  1-2 years   
  3-4 years   
  5-8 years   
  9-11 years  
 12-17 years   
  Adult   
  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](http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx))

Yes     No

6. Is the periodicity table and schedule for administration, at a minimum, comparable to the requirements for the SHA?

Yes     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?

Yes     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.

Yes     No

9. Is this alternative assessment tool available in your plan's threshold languages? Check available languages:

Yes     No

- Arabic   
  Armenian   
  Chinese   
  English   
  Farsi   
  Hmong  
 Khmer   
  Korean   
  Russian   
  Spanish   
  Tagalog   
  Vietnamese

### SIGNATURE

**Provider Signature:**

**Date:**

### HEALTH PLAN USE ONLY

Met SHA standards:     Yes     No

DHCS Notification Date:

DHCS  Approved  Denied

Date: