CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

Agenda

Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan – Community Plan

When: **Time: 7:30 AM – 9:00 AM**
Date: April 15, 2014

Where: **West County Health Center**
13601 San Pablo Ave, San Pablo, CA
Room B-1194

The agenda for the meeting is as follows:

I.	**CALL TO ORDER and INTRODUCTIONS**	Beverly Jacobs, FNP
II.	**REVIEW and APPROVAL of MINUTES from previous meeting**	Beverly Jacobs, FNP
III.	**REGULAR REPORTS**	
	• Updates	M. Berkery, RN
IV.	**NEW BUSINESS**	
	• **SHA - Staying Healthy Assessment (25 minutes)** ***Mandated training required for provider attestation and reimbursement.***	M. Berkery, RN, J. Galindo, RN
VI.	**OTHER**	
	• Provider Concerns	M. Berkery, RN
VII.	**ADJOURNMENT**	Beverly Jacobs, FNP

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated April 15, 2014 and attached herein.

Our next scheduled meeting is:

Tuesday, July 15, 2014
7:30 AM – 9:00 AM

CONTRA COSTA HEALTH PLAN
West County
Quarterly Community Provider Network (CPN)
Meeting Minutes – April 15, 2014

Attending:
CCHP Staff: M. Berkery, RN, Co-Chair; B. Jacobs, FNP; J. Galindo, RN, PHN; L.M. Perez, CPCS

CPN Providers: H. Anesoir, MD; A. Barocio, PA; M. Desai, MD; K. Kaminski, PA; P. Mack, MD; J. Mahony, MD: A. Nordensjo, MD; O. Omotoso, MD; N. Saldivar, NP; L. Trombla, PA: A. Wallach, MD; P. Washington, FNP

Discussion		Action	Accountable
	Meeting called to order @ 7:35 a.m.		M. Berkery, RN
I.	Agenda approved with no revisions.		M. Berkery, RN
II.	**Review and Approval of Minutes from January 14, 2014:** Minutes were approved as presented.		B. Jacobs, FNP
III.	**Regular Reports:** • **Immunization Update** - Pertussis information (Public Health) - Personal Beliefs Exemption to Required Immunizations CDPH 8262 (10/13) Form required to be signed by providers effective January 1, 2014 (Public Health) • **2014 Audiometric Screening Practicum (CHDP) May 7th or May 9th** - MAs encouraged to attend		M. Berkery, RN
IV.	**New Business:** • **Staying Healthy Assessment Form (SHA) – Training** - SHA is a form (also known as IHEBA-Individual Health Education Behavior Assessment) recently updated and required by the Department of Health Care Services (DHCS) to be completed by primary care providers (PCPs) for all Medi-Cal members - Form identifies and documents patient health education needs related to lifestyle, behavior, environment, cultural and linguistic background and the follow up - Providers are encouraged to begin using the SHA now - SHA meant to be part of the Initial Health Assessment of each new member and an addendum to subsequent well visits - CCHP reimburses providers for completion of the SHA using CPT code 99212 SH (modifier) - SHA tool is strongly recommended – alternatives are permitted but require pre-approval by DHCS ▪ American Academy of Pediatrics Bright Futures assessment has been pre-approved by DHCS as an alternative - SHA Electronic Format ▪ Notify health plan at least two months before start ▪ Health plan will review the electronic format to ensure it meets all requirements prior to implementation - SHA Training Attestation Statement signed by participating providers - Training on the SHA is now available on CCHP website (complete Attestation Statement)		M. Berkery, RN
	• **SBIRT [*Screening, Brief Intervention, and Referral to Treatment*]** - SBIRT new requirement for adult Medi-Cal members effective January 1, 2014 - PCPs to provide screening and brief interventions when members ages 18 and over misuse alcohol - PCPs to offer SBIRT to members who answer "yes" to alcohol question in the SHA or any time PCPs identify a potential alcohol misuse problem - If member meets criteria for alcohol use disorder or the		J. Galindo, RN, PHN

	diagnosis is uncertain, refer to the Contra Costa County Mental Health Services at 1-888-678-7277 ▪ Providers can offer up to three brief counselings per year - Discussed provider requirements ▪ Four hour SBIRT training within 12 months after initiating SBIRT services ▪ SBIRT reimbursement with HCPCS codes: • H0049 for alcohol screening • H0050 for brief interventions ▪ Resources • Training information, attestation and screening questionnaires available on CCHP website - Providers encouraged to take training and submit Attestation Statement once training has been completed		
V.	**Other:** Provided copies of the Provider Bulletin.		
VI.	**Adjournment:** Meeting adjourned @ 8:30 a.m.		

Next meeting – July 15, 2014

CONTRA COSTA HEALTH PLAN

West County

Quarterly Community Provider Network (CPN)

Meeting Minutes – January 14, 2014

Attending:

CCHP Staff: J. Tysell, MD, Chair; P. Tanquary, MPH, Ph.D., CEO; B. Jacobs, FNP; M. Berkery, RN; L.M. Perez

CPN Providers: G.R. Aguilar, PA; H. Anesoir, MD; N. Banks, MD; A. Barocio, PA; K. Ceci, MD; K. Kaminski, PA; P. Mack, MD; N. Saldivar, NP; A. Wallach, MD; P. Washington, FNP

Discussion		Action	Accountable
	Meeting called to order @ 7:40 a.m.		J. Tysell, MD
I.	Agenda approved with no revisions.		J. Tysell, MD
II.	**Review and Approval of Minutes from October 15, 2013:** Minutes were approved as presented.		J. Tysell, MD
III.	**Regular Reports:** Medical Director's Report • Immunization Update - Discussed influenza updates from Public Health		J. Tysell, MD
IV.	**New Business:** • Affordable Care Act – Exchange in California discussed - CCC and CCHP enrollment statistics - Partnering with other groups to get word out - New Medi-Cal Expansion and CAL Fresh Applicants (Food Stamp) -- New members from Medi-Cal joining CCHP over the next 3 months • Medi-Cal Expansion of Substance Use Disorder and Mental Health Services - CCHP will send letter to enrolled members on expansion of Mental Health benefits - Will cover substance abuse disorder services through County alcohol and drug programs and Mental Health services starting January 1, 2014 - Mental Health Access Line # is 1-888-678-7277 - New system of referral for Mental Health evaluation discussed • SBIRT [*Screening, Brief Intervention, and Referral to Treatment]* - Reviewed SBIRT article – printed January 2, 2014 from State with additional information - Providers are requested to hold claims for H0049 and H0050 (SBIRT codes) until February 1, 2014 - Health plans are required to screen patients once a year using a Medi-Cal approved screening instrument and billed with HCPCS code H0049		P. Tanquary, MPH, PhD, CEO
V.	**Other:** None expressed.		
VI.	**Adjournment:** Meeting adjourned @ 9:00 a.m.		

Next meeting – April 15, 2014

SHA/IHEBA TRAINING ATTESTATION STATEMENT

PROVIDER NAME: _____

PROVIDER TITLE: _____

TRAINING DATE: ___/____/_____

I certify that I received training from Contra Costa Health Plan (CCHP) on the new Staying Healthy Assessment (SHA)/Individual Health Education Behavioral Assessment (IHEBA).

_____

Signature

Please fax this form to Provider Relations Office at **925-646-9907** or email to providerRelations@hsd.cccounty.us

Attention Providers!!

Fluoride Varnish Application now has a new CPT code for billing!

Previous code: D1203

New Medi-Cal code: D1206

Please let your billers know ASAP, so we can continue to pay you correctly!

Autism Referrals:

Please remember:

- If a member has **Medi-Cal** insurance, and you suspect autism, they should be referred to the Regional Center of the East Bay at (510) 618-6195 (under age 3) or (510) 618-6122 (over age 3).
- If a member is a **Commercial** member, and you suspect autism, they should be referred to the CCRMC Clinic for ASD & ADHD Diagnostics (CAAD) at 925-370-5490. CAAD's fax number is 925-370-5277.
- For all referrals, please leave child's name, date of birth, parent's name, call back number, address, and reason for referral.
- Some referrals only say "Speech Delay". **If you suspect Autism**, please say it on the original referral, so the member can get the correct services faster.
- If the concern is only "Speech Delay", please send the child for audiology, then refer them to RCEB (if under 3 years of age) or to the school district (if they are over 3 years of age).

PATRICIA TANQUARY, MPH, PhD
Chief Executive Officer

JAMES TYSELL, MD
Medical Director

CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

A Culture of Caring

ADMINISTRATION

595 Center Avenue, Suite 100
Martinez, California 94553
Main Number: 925-313-6000
Member Call Center: 877-661-6230
Provider Call Center: 877-800-7423

Se Habla Español

January 22, 2014

To Our Contracted **Primary Care Providers**:

Re: **Staying Healthy Assessment Form** (SHA)

The SHA (also known as IHEBA, or Individual Health Education Behavior Assessment) is a form required by the Department of Health Care Services (DHCS) to be completed by primary care providers for all Medi-Cal members. The form is used to identify & document patients' health education needs related to lifestyle, behavior, environment, cultural and linguistic background, and the follow up. This form has been around since 1999, but was recently updated. **DHCS is requiring that all PCPs begin using the forms by April 1st, 2014**. The SHA is meant to be part of the Initial Health Assessment of each new member, and an addendum to subsequent well visits. CCHP pays providers $12.12 for completing the SHA, using CPT Code 99212 SH (modifier), and following the recommended periodicity.

Power Point training on the SHA is now available on our website, along with an attestation form. The actual age appropriate forms are also on the CCHP website in English and Spanish. Go to www.contracostahealthplan.org , For Providers, Forms and Resources. For other languages, go to www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx **Please read the brief training, fill out the Attestation form and return to us for our records.** We also plan to present a brief training at our Community Provider Network meetings in April.

If you have questions, please contact us at (925) 313-9507, or by e-mail to Mary.Berkery@hsd.cccounty.us.

Sincerely,

Mary Berkery, RN
Provider Relations
Contra Costa Health Plan
Phone: (925) 313-9507
FAX: (925) 646-9907

Staying Healthy Assessment (SHA) Training

Information for providers on completing the Staying Healthy Assessment for patients

Developed by Medi-Cal Managed Care Health Plans

Agenda

1) IHEBA/SHA Overview, Goals & Benefits
2) SHA Completion & Documentation Process
3) SHA Resources
4) Electronic SHA & Alternative Assessment Tools
5) Questions & Answers

Definitions

DHCS:	Department of Health Care Services
IHA:	Initial Health Assessment (DHCS Policy Letter 08-003) includes an IHEBA
IHEBA:	Individual Health Education Behavioral Assessment is a generic term for the SHA or DHCS approved alternative assessment tool. IHEBA is a required part of the IHA
SHA:	Staying Health Assessment is the DHCS's sponsored and approved IHEBA

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Introduction

DHCS requires providers to administer an IHEBA to all Medi-Cal Managed Care patients as part of their Initial Health Assessment (IHA) and well care visits.

The IHA, at a minimum, shall include:

- a physical and mental health history
- identification of high risk behaviors
- assessment of need for preventive screenings or services and health education
- diagnosis and plan for treatment of any diseases

The IHA must be conducted in a culturally and linguistically appropriate manner for all patients, including those with disabilities.

Reference: Title 22, California Code of Regulations, Sections 53851 and 53910.5

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Introduction Continued

New Staying Healthy Assessment (SHA) forms must be implemented by April 1, 2014

Providers are encouraged to begin using the SHA now

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Individual Health Education Behavioral Assessment Goals

- Identify and track patient high-risk behaviors
- Prioritize patient health education needs related to lifestyle, behavior, environment, and cultural and linguistic needs
- Initiate discussion and counseling regarding high-risk behaviors
- Provide tailored health education counseling, interventions, referral, and follow-up

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Benefits to Providers and Patients

- Builds trust between provider and patient
- Improves patient-provider relationship and patient satisfaction
- Allows for more personalized care plans
- Streamlines HEDIS documentation for providers, ensures members get preventive health services
- Allows provider to document patient counseling

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SHA Periodicity Table

Questionnaire	Administer	Administer/Re-administer		Review
Age Groups	Within 120 Days of Enrollment	1st Scheduled Exam *(after entering new age group)*	Every 3-5 years	Annually *(Interval Years)*
0-6 mo.	✓			
7-12 mo.	✓	✓		
1-2 yrs.	✓	✓		✓
3-4 yrs.	✓	✓		✓
5-8 yrs.	✓	✓		✓
9-11 yrs.	✓	✓		✓
12-17 yrs.	✓	✓		✓
Adult	✓		✓	✓
Senior	✓		✓	✓

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SHA Recommendations

12-17 years old age group:

- Encourage patients to complete the SHA without a parent/guardian
- Annual re-administration is recommended

Adults and Seniors age group:

- After 55 years of age, use Adult or Senior SHA that is best suited for patient
- Annual re-administration is recommended for seniors

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SHA Completion

Assisting the patient in SHA completion:

- Explain the SHA's purpose and how it will be used
- Assure that SHA responses are confidential and will be kept in patient's medical record
- Encourage the patient to self-complete the SHA

Optional:

- SHA questions may be asked verbally and responses recorded directly in patient's electronic medical record

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SHA Refusal

- Patients have the right to refuse, decline or skip any or all parts of the SHA
- Encourage patient to complete an age appropriate SHA every subsequent year during a scheduled exam

SHA Provider Review

Reviewing the completed SHA with the patient:

- Determine extent of risk factors on patient's health
- Prioritize risk factors to discuss
- Provide tailored health education counseling, intervention, referral, follow up, and risk reduction plan

SHA Provider Review

Alcohol use question:

- The alcohol screening question is based on USPSTF recommendations
- #19 on the Adult SHA
- #23 on the Senior SHA

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SHA Provider Review

New Screening, Brief Intervention and Referral for Treatment (SBIRT) benefit:

- If "yes" to alcohol question, offer an expanded screening questionnaire (such as the AUDIT or AUDIT-C) and if indicated, one to three 15-minute brief interventions
- These screening questionnaires identify patients with potential alcohol use disorders who need referral for further evaluation and treatment

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SHA Provider Review

Screening, Brief Intervention and Referral for Treatment (SBIRT):

- Providers offering SBIRT are required to take special training. A list of training resources is available – contact your health plan for more information
- The alcohol SBIRT benefit went into effect January 1, 2014

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SHA Documentation

The provider must:

- Sign, print his/her name, and date
- Document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- Keep signed SHA in patient's medical record
- Document SHA reviews and SHA refusals

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SHA Refusal Documentation

- Document refusal on the SHA and keep in the patient's medical record
- Check box "Patient Refused to Complete SHA"
- Provider must sign, print name, and date the back page of form

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Document HEDIS Measures

The SHA is an additional document to provide evidence of certain Healthcare Effectiveness Data and Information Set (HEDIS) measures that require patient counseling, referral, the provision of anticipatory guidance, and follow-up, as appropriate.

Age 0-15 months

- Well child visits ages 0-15 months – Health Education/Anticipatory Guidance

Age 3-17 years

- Weight assessment and counseling for nutrition and physical activity

Age 12-21 years

- Adolescent well care – Health Education/Anticipatory Guidance
- Chlamydia screening
- HPV vaccination
- Prenatal care if pregnant (applies at any age)
- Postpartum care (if appropriate)

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Document HEDIS Measures

Adults

- Chlamydia screening
- Prenatal care if pregnant
  - Notify Health Plan of all pregnancies by using the pregnancy notification form (as appropriate)
  - Postpartum care (if appropriate)

Seniors

- Care for older adults
- Functional status screening
- Advance directive

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Staying Healthy Assessment

(Staying Healthy Assessment)

12 – 17 Years *(12 - 17 Years)*

1

Name (first & last)	Date of Birth	☒ Female ☐ Male	Today's Date	Grade in School:
Jane Doe	04-01-99		9-10-13	9

Person Completing Form		School Attendance
Self	☐ Parent ☐ Relative ☐ Friend ☐ Guardian ☐ Other (Specify)	Regular? ☒ Yes ☐ No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter? ☐ Yes ☐ No

Clinic Use Only:

2

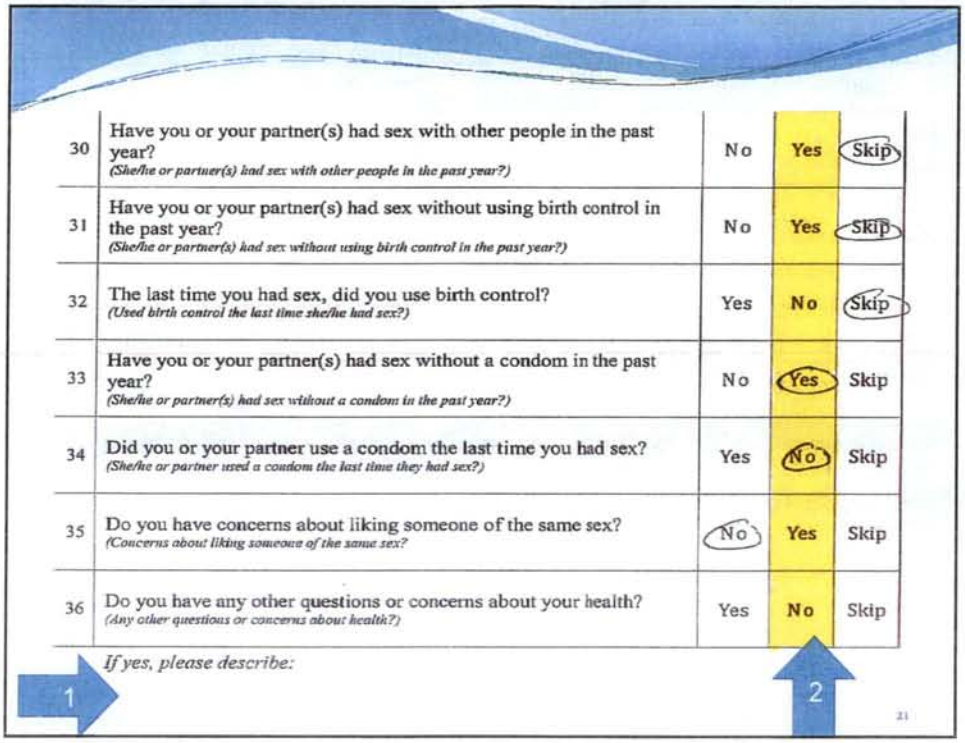
Nutrition

1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? *(Drinks/eats 3 servings of calcium-rich foods daily)*	(Yes)	No	Skip	
2	Do you eat fruits and vegetables at least 2 times per day? *(Eats fruits and vegetables at least 2 times per day?)*	Yes	(No)	Skip	
3	Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? *(Eats high fat foods more than once per week?)*	No	(Yes)	Skip	
4	Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? *(Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)*	No	(Yes)	Skip	

Physical Activity

5	Do you exercise or play sports most days of the week? *(Exercises or plays sports most days of the week?)*	(Yes)	No	Skip	

20



30	Have you or your partner(s) had sex with other people in the past year? *(She/he or partner(s) had sex with other people in the past year?)*	No	Yes	Skip
31	Have you or your partner(s) had sex without using birth control in the past year? *(She/he or partner(s) had sex without using birth control in the past year?)*	No	Yes	Skip
32	The last time you had sex, did you use birth control? *(Used birth control the last time she/he had sex?)*	Yes	No	Skip
33	Have you or your partner(s) had sex without a condom in the past year? *(She/he or partner(s) had sex without a condom in the past year?)*	No	Yes	Skip
34	Did you or your partner use a condom the last time you had sex? *(She/he or partner used a condom the last time they had sex?)*	Yes	No	Skip
35	Do you have concerns about liking someone of the same sex? *(Concerns about liking someone of the same sex?*	No	Yes	Skip
36	Do you have any other questions or concerns about your health? *(Any other questions or concerns about health?)*	Yes	No	Skip

If yes, please describe:

1

2

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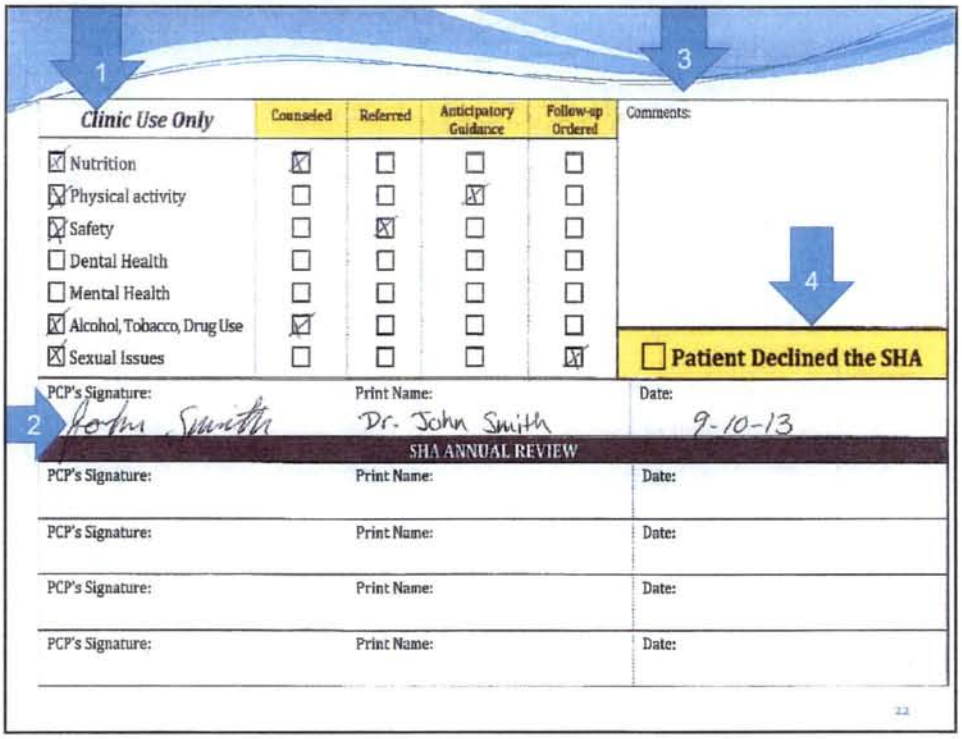

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3

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered
☒ Nutrition	☒	☐	☐	☐
☒ Physical activity	☐	☐	☒	☐
☒ Safety	☐	☒	☐	☐
☐ Dental Health	☐	☐	☐	☐
☐ Mental Health	☐	☐	☐	☐
☒ Alcohol, Tobacco, Drug Use	☒	☐	☐	☐
☒ Sexual Issues	☐	☐	☐	☒

Comments:

4

☐ **Patient Declined the SHA**

PCP's Signature:	Print Name:	Date:
John Smith	Dr. John Smith	9-10-13

2

SHA ANNUAL REVIEW

PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:

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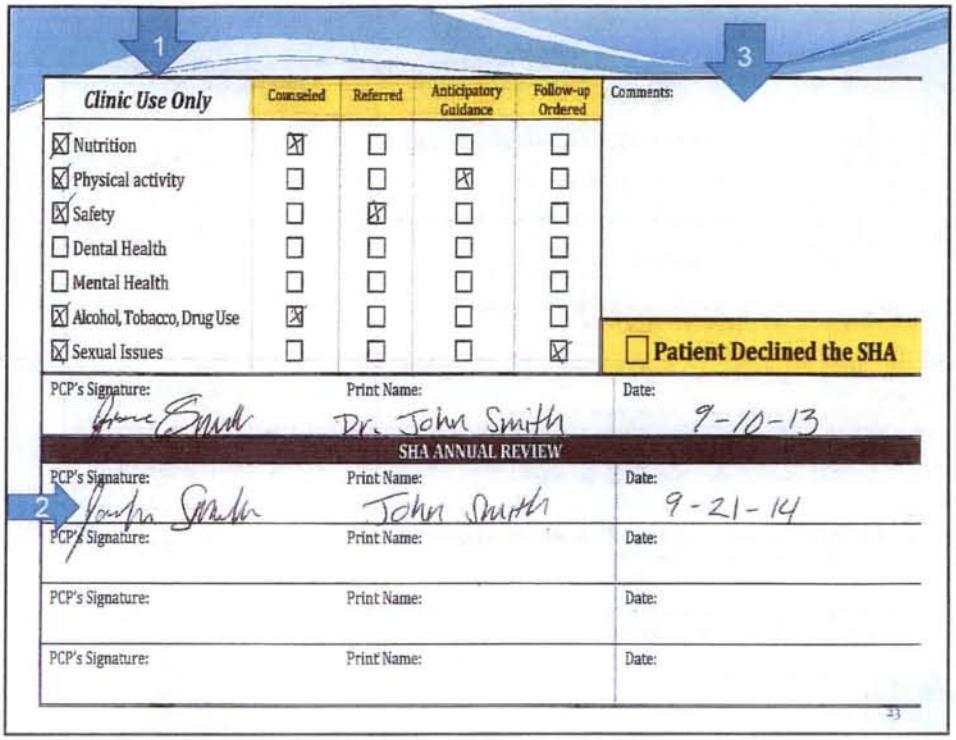

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered
☒ Nutrition	☒	☐	☐	☐
☒ Physical activity	☐	☐	☒	☐
☒ Safety	☐	☒	☐	☐
☐ Dental Health	☐	☐	☐	☐
☐ Mental Health	☐	☐	☐	☐
☒ Alcohol, Tobacco, Drug Use	☒	☐	☐	☐
☒ Sexual Issues	☐	☐	☐	☒

Comments:

☐ Patient Declined the SHA

PCP's Signature:	Print Name:	Date:
[signature]	Dr. John Smith	9-10-13
SHA ANNUAL REVIEW		
PCP's Signature:	Print Name:	Date:
[signature]	John Smith	9-21-14
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:

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SHA Resources

All SHA forms are available for download and printing on the DHCS site at:

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

Available languages:

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

* These languages are not currently available on the DHCS website, but can be obtained by contacting your health plan.

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SHA Electronic Format

- Notify health plan at least two months before start
- Electronic formats: add SHA questions into an electronic medical record, scan the SHA questionnaire into EMR, or use the SHA in another alternative electronic or paper-based format
- Electronic provider signature needed
- Must include all updated and unaltered SHA questions
- Your health plan will review the electronic format to ensure it meets all requirements prior to implementation

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Alternative Assessment Tool

- **Use of the SHA tool is strongly recommended**
  - Alternatives are permitted but require pre-approval by DHCS
    - Submit request for approval to use alternative assessment tool through your health plan
- **Any alternative assessments must be translated to the threshold languages of the health plan's members and meet all the same standards as the SHA**
- The American Academy of Pediatrics *Bright Futures* assessment has been pre-approved by DHCS as an alternative IHEBA. It can be used as long as certain conditions are met. Contact your health plan for more information

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SHA Additional Resources

- SHA Provider Office Instruction Sheet
- SHA Behavioral Risk Topics
- SHA Pediatric Questions by Age Groups
- SHA Adult Questions by Age Groups

All SHA additional resources are available through the DHCS website.

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

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Heath Plan's Resources

- Contact your health plan on available health education programs, cultural and linguistic services, and resources.

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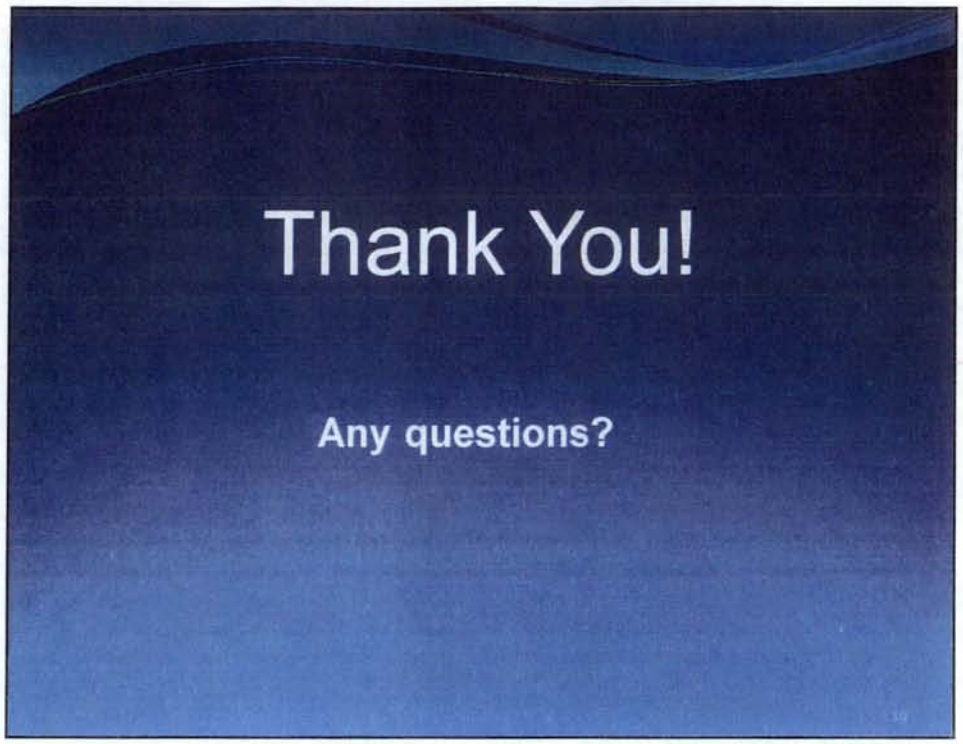
Thank You!
Any questions?

STAYING HEALTHY ASSESSMENT (SHA)

Instruction Sheet for the Provider Office

SHA PERIODICITY TABLE

Questionnaire Age Groups	Administer	Administer /Re-Administer		Review
	Within 120 Days of Enrollment	1st Scheduled Exam *(after entering new age group)*	Every 3-5 Years	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.

Staying Healthy Assessment

Adult

Patient's Name (first & last)	Date of Birth	☐ Female ☐ Male	Today's Date
Person Completing Form *(if patient needs help)*	☐ Family Member ☐ Friend ☐ Other (*Specify*)		Need help with form? ☐ Yes ☐ No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter? ☐ Yes ☐ No

					Clinic Use Only:
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	Nutrition
2	Do you eat fruits and vegetables every day?	Yes	No	Skip	
3	Do you limit the amount of fried food or fast food that you eat?	Yes	No	Skip	
4	Are you easily able to get enough healthy food?	Yes	No	Skip	
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	No	Yes	Skip	
6	Do you often eat too much or too little food?	No	Yes	Skip	
7	Are you concerned about your weight?	No	Yes	Skip	
8	Do you exercise or spend time doing activities, such as walking, gardening, swimming for ½ hour a day?	Yes	No	Skip	Physical Activity
9	Do you feel safe where you live?	Yes	No	Skip	Safety
10	Have you had any car accidents lately?	No	Yes	Skip	
11	Have you been hit, slapped, kicked, or physically hurt by someone in the last year?	No	Yes	Skip	
12	Do you always wear a seat belt when driving or riding in a car?	Yes	No	Skip	
13	Do you keep a gun in your house or place where you live?	No	Yes	Skip	
14	Do you brush and floss your teeth daily?	Yes	No	Skip	Dental Health
15	Do you often feel sad, hopeless, angry, or worried?	No	Yes	Skip	Mental Health
16	Do you often have trouble sleeping?	No	Yes	Skip	
17	Do you smoke or chew tobacco?	No	Yes	Skip	Alcohol, Tobacco, Drug Use
18	Do friends or family members smoke in your house or place where you live?	No	Yes	Skip	

19	In the past year, have you had: ☐ **(men)** 5 or more alcohol drinks in one day? ☐ **(women)** 4 or more alcohol drinks in one day?	No	Yes	Skip	
20	Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight?	No	Yes	Skip	
21	Do you think you or your partner could be pregnant?	No	Yes	Skip	Sexual Issues
22	Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?	No	Yes	Skip	
23	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip	
24	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip	
25	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip	
26	Have you ever been forced or pressured to have sex?	No	Yes	Skip	
27	Do you have other questions or concerns about your health?	No	Yes	Skip	Other Questions

If yes, please describe:

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
☐ Nutrition	☐	☐	☐	☐	
☐ Physical activity	☐	☐	☐	☐	
☐ Safety	☐	☐	☐	☐	
☐ Dental Health	☐	☐	☐	☐	
☐ Mental Health	☐	☐	☐	☐	
☐ Alcohol, Tobacco, Drug Use	☐	☐	☐	☐	
☐ Sexual Issues	☐	☐	☐	☐	☐ **Patient Declined the SHA**

PCP's Signature:	Print Name:	Date:
SHA ANNUAL REVIEW		
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:

Staying Healthy Assessment

Senior

Patient's Name (first & last)	Date of Birth	☐ Female ☐ Male	Today's Date
Person Completing Form *(if patient needs help)*	☐ Family Member ☐ Friend ☐ Other *(Specify)*		Need help with form? ☐ Yes ☐ No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter? ☐ Yes ☐ No

					Clinic Use Only:
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	Nutrition
2	Do you eat fruits and vegetables every day?	Yes	No	Skip	
3	Do you limit the amount of fried food or fast food that you eat?	Yes	No	Skip	
4	Are you easily able to get enough healthy food?	Yes	No	Skip	
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	No	Yes	Skip	
6	Do you often eat too much or too little food?	No	Yes	Skip	
7	Do you have difficulty chewing or swallowing?	No	Yes	Skip	
8	Are you concerned about your weight?	No	Yes	Skip	
9	Do you exercise or spend time doing activities, such as walking, gardening, or swimming for at least ½ hour a day?	Yes	No	Skip	Physical Activity
10	Do you feel safe where you live?	Yes	No	Skip	Safety
11	Do you often have trouble keeping track of your medicines?	No	Yes	Skip	
12	Are family members or friends worried about your driving?	No	Yes	Skip	
13	Have you had any car accidents lately?	No	Yes	Skip	
14	Do you sometimes fall and hurt yourself, or is it hard to get up?	No	Yes	Skip	
15	Have you been hit, slapped, kicked, or physically hurt by someone in the past year?	No	Yes	Skip	
16	Do you keep a gun in your house or place where you live?	No	Yes	Skip	
17	Do you brush and floss your teeth daily?	Yes	No	Skip	Dental Health
18	Do you often feel sad, hopeless, angry, or worried?	No	Yes	Skip	Mental Health
19	Do you often have trouble sleeping?	No	Yes	Skip	
20	Do you or others think that you are having trouble remembering things?	No	Yes	Skip	

21	Do you smoke or chew tobacco?	No	Yes	Skip	Alcohol, Tobacco, Drug Use
22	Do friends or family members smoke in your house or where you live?	No	Yes	Skip	
23	In the past year, have you had 4 or more alcohol drinks in one day?	No	Yes	Skip	
24	Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight?	No	Yes	Skip	
25	Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?	No	Yes	Skip	Sexual Issues
26	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip	
27	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip	
28	Have you ever been forced or pressured to have sex?	No	Yes	Skip	
29	Do you have someone to help you make decisions about your health and medical care?	Yes	No	Skip	Independent Living
30	Do you need help bathing, eating, walking, dressing, or using the bathroom?	No	Yes	Skip	
31	Do you have someone to call when you need help in an emergency?	Yes	No	Skip	
32	Do you have other questions or concerns about your health?	No	Yes	Skip	Other Questions

If yes, please describe:

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered
☐ Nutrition	☐	☐	☐	☐
☐ Physical activity	☐	☐	☐	☐
☐ Safety	☐	☐	☐	☐
☐ Dental Health	☐	☐	☐	☐
☐ Mental Health	☐	☐	☐	☐
☐ Alcohol, Tobacco, Drug Use	☐	☐	☐	☐
☐ Sexual Issues	☐	☐	☐	☐
☐ Independent Living	☐	☐	☐	☐

Comments:

☐ **Patient Declined the SHA**

PCP's Signature:	Print Name:	Date:

SHA ANNUAL REVIEW

PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:

PATRICIA TANQUARY, MPH, PhD
Chief Executive Officer

JAMES TYSELL, MD
Medical Director

CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

A Culture of Caring

ADMINISTRATION

595 Center Avenue, Suite 100
Martinez, California 94553
Main Number: 925-313-6000
Member Call Center: 877-661-6230
Provider Call Center: 877-800-7423

Se Habla Español

March 18, 2014

To Our Contracted **Primary Care Providers**:

SBIRT – SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT

Screening, Brief Intervention, Referral to Treatment (SBIRT) is a new requirement for adult Medi-Cal members effective January 1, 2014. Based on the USPSTF (United States Preventive Services Task Force), Primary Care Providers (PCPs) will now be asked to provide screening and brief interventions when a member ages 18 and above misuses alcohol. Providers will be reimbursed for these services, but will be required to receive training within the first 12 months of use.

PCPs will offer SBIRT to members who answer "yes" to the alcohol question in the Staying Healthy Assessment (SHA) or at any time the PCP identifies a potential alcohol misuse problem. DHCS recommends the use of the Alcohol Use Disorder Identification Test (AUDIT) or Alcohol Use Disorder Identification Test-Consumption (AUDIT-C) as a screening tool. Both are available on our website. Go to www.contracostahealthplan.org , For Providers, Forms and Resources. A **screening** should be done one time. Persons engaged in risky or hazardous drinking should then be given **brief behavioral counseling interventions** to reduce alcohol misuse. The PCP can perform a brief intervention (15 minutes in duration per session) up to three times per year. If a member meets criteria for alcohol use disorder or the diagnosis is uncertain, they should be referred to the Contra Costa County Mental Health Services at 1-888-678-7277.

Reimbursement:
Retroactively for dates of service on or after January 1, 2014, providers who meet the requirements below to screen and provide brief intervention for alcohol misuse/abuse, may be reimbursed, using the following HCPCS codes:

- **H0049 for alcohol screening ($24.00 once)**
- **H0050 for brief interventions ($48.00 up to 3X per year).**

Provider Requirements:
In order to provide this service, at least one supervising licensed providers (Licensed Physician, Physician Assistant, Nurse Practitioners or Psychologist) per clinic or practice must take **four hours of SBIRT training within 12 months after initiating SBIRT services**. Flyer for one hour of free available training, including CME credit, is attached.
The supervising licensed provider must **attest** that they have obtained the required training on SBIRT within 12 months. This training is a one-time requirement. Attestation form, also available on our website, is to be submitted once **four hours** of training have been completed.

Attach:
Flyer

Resources:
USPSTF: http://www.uspreventativeservicestaskforce.org/uspstf/uspsabrecs.htm
Staying Healthy Assessment: http://www.dhcs.ca.gov/formsandpubs/forms/pages/taryinghealthy.aspx
SBIRT Services: http://www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx
All Plan Letter and Available Trainings:
http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-004.pdf

If you have questions, please contact us at (925) 313-9507, or by e-mail to Jenny.Galindo@hsd.cccounty.us or Mary.Berkery@hsd.cccounty.us

Sincerely,

Jenny Galindo, RN, PHN
Provider Relations
Contra Costa Health Plan
Phone: (925) 313-9513
FAX: (925) 646-9907

Mary Berkery, RN
Provider Relations
Contra Costa Health Plan
Phone: (925) 313-9507
FAX: (925) 646-9907

AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. How often do you have a drink containing alcohol?

- ☐ a. Never
- ☐ b. Monthly or less
- ☐ c. 2-4 times a month
- ☐ d. 2-3 times a week
- ☐ e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- ☐ a. 1 or 2
- ☐ b. 3 or 4
- ☐ c. 5 or 6
- ☐ d. 7 to 9
- ☐ e. 10 or more

3. How often do you have six or more drinks on one occasion?

- ☐ a. Never
- ☐ b. Less than monthly
- ☐ c. Monthly
- ☐ d. Weekly
- ☐ e. Daily or almost daily

AUDIT-C - Overview

The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C is a modified version of the 10 question AUDIT instrument.

Clinical Utility

The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders.

Scoring

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are:
a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

- **In men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- **In women**, a score of 3 or more is considered positive (same as above).
- However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.[3]
- Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

Psychometric Properties

For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence

	Men[1]	Women[2]
≥3	Sens: 0.95 / Spec. 0.60	Sens: 0.66 / Spec. 0.94
≥4	Sens: 0.86 / Spec. 0.72	Sens: 0.48 / Spec. 0.99

For identifying patients with active alcohol abuse or dependence

≥ 3	Sens: 0.90 / Spec. 0.45	Sens: 0.80 / Spec. 0.87
≥ 4	Sens: 0.79 / Spec. 0.56	Sens: 0.67 / Spec. 0.94

1. *Bush K, Kivlahan DR, McDonell MB, et al. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. Arch Internal Med. 1998 (3): 1789-1795.*
2. *Bradley KA, Bush KR, Epler AJ, et al. Two brief alcohol-screening tests from the Alcohol Use Disorders Identification Test (AUDIT): Validation in a female veterans affairs patient population. Arch Internal Med Vol 163, April 2003: 821-829.*
3. *Frequently Asked Questions guide to using the AUDIT-C can be found via the website: www.oqp.med.va.gov/general/uploads/FAQ%20AUDIT-C*

Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?

Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10 or more

3. How often do you have six or more drinks on one occasion?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

No	Yes, but not in the last year	Yes, during the last year

The Alcohol Use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year. A score of 8+ on the AUDIT generally indicates harmful or hazardous drinking. Questions 1–8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.

Available Training for SBIRT:

A preliminary list of trainings and resources is included below. Updates will be available on the Department of Health Care Services (DHCS) web site.

Substance Abuse and Mental Health Services Administration (SAMHSA) funded – Addiction Technology Transfer Center Network:
"Foundations of SBIRT"
• 1.5 hour course
• Introduction of terms, topics and resources
• Free California Continuing Education (CE) Certificate Available
• $7.50 to receive 1.5 contact hour units from the National Association for Addiction Professionals (NAADAC), National Board for Certified Counselors (NBCC), and/or National Association of Social Workers (NASW)
(http://www.attcelearn.org/)

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Clinician's Guide Online Training "Video Cases: Helping Patients Who Drink Too Much"
• Four interactive, 10-minute video cases
• Implementing Single Question and Alcohol Use Disorder Identification Test (AUDIT) Screening Tools
• Evidence-based clinical strategies
• Patients with different levels of severity and readiness to change
• Free Continuing Medical Education (CME)/CE credits for physicians and nurses through Medscape®

(http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training)

SBIRT Core Training Program: Screening, Brief Interventions, and Referral to Treatment
- Four hour training: $50 per individual; group rates are available
- Continuing Education Units (CEUs) available

(http://www.sbirttraining.com/sbirtcore)

Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions: Motivational Interviewing
- Three-part, pre-recorded webinar series
- Includes recording, presentation, and transcript
- Additional resources
- No certificate available; no charge

(http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing)

Substance Use in Older Adults: Screening and Treatment Intervention Strategies
- Three hour training
- California CE Certificate at no charge
- $15.00 for the course and3.00 NAADAC CEUs and 8.00 NBCC clock hours

Additional Resources:

For clinician support: NIAAA's Clinician Guide "Helping Patients Who Drink Too Much" provides two methods for screening: a "single question" to use during a clinical interview and a written self-report instrument (AUDIT).
http://www.niaaa.nih.gov/guide

The AUDIT and Alcohol Use Disorder Identification Test—Consumption (AUDIT-C) screening instruments for alcohol misuse are available from the SAMHSA-HRSA Center for Integrated Health Solutions (www.integration.samhsa.gov/clinical-practice/screening-tools). Note: Although instruments are available for download, it does not include instructions/training for their implementation.
A complete guide to clinical implementation of the AUDIT screening instrument is available by the World Health Organization
(http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf)

Technical Manuals:
Technical Assistance Publication (TAP) 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (http://store.samhsa.gov/shin/content//SMA13-4741/TAP33.pdf)
Treatment Improvement Protocols (TIP) 35: Enhancing Motivation for Change in Substance Abuse Treatment
(http://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/TOC.pdf)
Quick Guide: http://store.samhsa.gov/shin/content/SMA12-4097/SMA12-4097.pdf

Stop Pertussis.

Pregnant Women and Their Babies Rely on You.

Immunize with Every Pregnancy

Newborns can die from pertussis. Infants most often contract pertussis from family members.

Pregnant women should get a pertussis booster shot (Tdap) with every pregnancy *irrespective* of their prior history of receiving Tdap.

Immunize between 27 and 36 weeks gestation to maximize the transfer of maternal antibody to the infant.

Tdap should also be given:

- to all adolescents and adults who have not received Tdap.
- after giving birth, before hospital discharge, to women who have not received Tdap (even if breastfeeding).
- to other family members and close contacts of infants who have not received Tdap, ideally at least 2 weeks prior to contact with the baby.

Think Pertussis

- Pertussis is often misdiagnosed. It starts like a cold with runny nose and cough.
- Typically, after 1-2 weeks, symptoms in adults progress to severe coughing attacks that may include:
  - post-tussive vomiting
  - a high-pitched "whoop"
  - sweating episodes, gagging, choking sensation
  - complications, such as broken ribs or pneumonia.
- Pertussis immunity wanes, so it is possible to get pertussis even with a history of vaccination or disease.

Test for Pertussis

If your patient has pertussis-like symptoms (especially in the 3rd trimester), promptly obtain a nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture.

Treat Pertussis, Reduce Transmission

- Antibiotics stop transmission, and if given early, may reduce pertussis severity. Erythromycin or Azithromycin are the preferred antibiotics for pertussis treatment or post-exposure prophylaxis during pregnancy.
- If your pregnant patient is exposed to pertussis, particularly in her 3rd trimester, prophylactic antibiotic therapy is recommended to protect her and the newborn.
- If she has pertussis, especially near-term or at delivery, treat her with antibiotics, and ensure that her newborn and household contacts receive prophylactic antibiotic therapy.
- Place new mothers with pertussis on droplet precautions during their hospitalization for delivery or until they have received 5 days of a full course of antibiotics. However, if both mother and infant are receiving antibiotic treatment, it is not necessary to isolate the baby from the mother, and breastfeeding is encouraged.

Dylan's Story

I caught pertussis in my 9th month of pregnancy. Two weeks after giving birth, my son Dylan died of pertussis that he caught from me. My doctor thought it was just a cold. — Mariah, Dylan's Mom (Watch her full story on ShotbyShot.org)

For more information, visit www.pregnancyshotsca.org

CDPH

PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS

CDPH

STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER ☐M ☐F	BIRTHDATE MONTH DAY YEAR __ __/__ __/__ __ __ __	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): ☐ M.D./D.O. ☐ Nurse Practitioner ☐ Physician Assistant ☐ Naturopathic Doctor ☐ Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

_____
Signature of authorized health care practitioner

_____
Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

I. Check one of the boxes below:

☐ **Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

☐ **Religious beliefs**: I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

_____ _____
Signature of parent or guardian **Date - within 6 months before entry to child care or school**

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	☐ ***Haemophilus influenzae* type b** (Hib meningitis)
Child Care and K-12th Grade	☐ **DTaP** (Diphtheria, Tetanus, Pertussis [whooping cough]) ☐ **Hepatitis B** ☐ **MMR** (Measles, Mumps, Rubella) ☐ **Polio** ☐ **Varicella** (Chickenpox)
7th Grade Advancement (or admission at 7-12th Grade)	☐ **Tdap** (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

_____ _____
Signature of parent or guardian **Date**

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

Contra Costa County
Child Health & Disability Prevention Program (CHDP)
in collaboration with EHSD Community Services Bureau presents

Hearing Assessment for Preschoolers

2014 Audiometric Screening Practicum**

Wednesday, May 7
or
Friday, May 9

9:00 am – 12:00 pm

Who Should Attend:
CHDP providers and office staff who perform, or plan to perform hearing screenings as part of the CHDP exam (especially those who have never received audiometry training). Other persons interested in attending should contact the CHDP office.

Purpose:
To enhance the knowledge and technical ability of those performing audiometric screening of three to five year old children.

Objectives
- ✓ To improve technique
- ✓ To improve reliability
- ✓ To introduce the latest technology in equipment
- ✓ To increase the number of successful screenings
- ✓ To decrease the number of "too young to test" children

About Our Speaker for the DVD Lecture:
Steven J. Rawiszer is the Audiologist and Hearing Conservation Specialist for the Children's Medical Services Branch of the State Department of Health Care Services. Steve has extensive experience in facilitating hearing assessment workshops throughout California. He combines technical information, theoretical concepts and practical tips for effectively working with young children. Steve's enthusiasm and his wealth of experience and knowledge make this workshop a valuable experience for all who attend.

Lecture:
- Purpose of Audiometric Screening
- Review of anatomy of the ear
- Causes of deafness in children
- Audiogram interpretation
- Hearing & its relation to language & speech development

Practicum Objectives

Demonstration and supervision of hearing screening of children.

- Setting up screening area
- Establishing rapport with children
- Applying audiometric techniques
- Record results of hearing screening and management of follow-up of those children with possible problems

Practicum Sessions

Practicum sessions will be conducted at one of two Head Start sites. You will be required to participate in one session to receive your hearing training certificate.

**ATTENTION--New Format for Lecture!

Online Lecture, Syllabus & Post-test

An in person lecture is no longer being offered. The training syllabus and lecture is now available for viewing on your own time from the CHDP website at: http://cchealth.org/video/Audiometric-and-Vision-Screening-Training.php.
The lecture video is broken down into 2 parts each approximately 1.5 hours long. **You must view the video in its entirety and complete a post test prior to the practicum session.** Post test will be emailed to you with your registration confirmation.

Continuing Education Credit - RN

Provider approved by the California Board of Registered Nursing, Provider No. 2709, for 4 contact hours. A certificate of completion of Hearing Screening Training will be given to each participant who completes the entire workshop.

Space is limited. Please submit your registration early. Registration Closes: May 1st.

Registration

Name _____

Address: _____

City_____ Zip_____

Day Phone:_____

Provider Office _____
Doctor, Clinic, or Hospital?

Email :_____
PLEASE PRINT-we will confirm your attendance and send the post test by email.

Circle one: RN MA LVN MD Other _____

Are you applying for CE Credit? ❑Yes ❑No Lic#_____

Please indicate which practicum you will attend:

❑ **May 7, 2014**
George Miller III
300 South 27th St.
Richmond, CA 94804

❑ **May 9, 2014**
George Miller Head Start Bldg 5
3068 Grant Street
Concord, CA 94520

Mail or Fax Registration To:
CHDP Program, ATTN: Michelle Rivero
597 Center Ave, # 150 Martinez, CA 94553
(925) 313-6150 **(925) 313-6188 FAX**