## Policy and Procedure

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Initial Health Assessment (IHA) Includes H and P and IHEBA Adult and Pediatric</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>Revision Date:</td>
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<td>Department(s)/Site(s):</td>
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<td>Relevant Law/Standard:</td>
<td>California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review IHA PL 08 – 003 or current version; IHEBA PL 13-001 or current version</td>
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### Purpose:

The Initial Health Assessment (IHA) includes a comprehensive history and Individual Health Education Behavioral Assessment (IHEBA). The IHA enables the PCP to assess current acute, chronic and preventive needs and to identify those Members whose health needs require coordinated services with appropriate community resources/other agencies not covered by the Plan. IHA must be completed within 120 days of plan enrollment, or documented within the 12 months prior to Plan enrollment.

(References: IHA PL 08 – 003 or current version; IHEBA PL 13-001 or current version)

### Definition:

Initial Health Assessment (IHA): Comprehensive history plus an Individual Health Education Behavioral Assessment

Individual Health Education Behavioral Assessment (IHEBA): An age-appropriate behavioral assessment tool

### Policy:

A new member must be given an IHA within 120 days of plan enrollment or evidence of a previous IHA must be documented within the 12 months prior to plan enrollment. An age-appropriate IHEBA (SHA, Bright Futures, or other DHCS approved IHEBA tool) must be given to a new member and there must be evidence of practitioner review.
Procedure/Workflow Example: (Paper-based)

STAYING HEALTHY ASSESSMENT (SHA)
Assessment of patient health habits and status (i.e. nutrition, physical activity, environmental safety, sexual health, and substance abuse)

First Name Last Name – Title                                          Date

First Name Last Name – Title                                          Date

Resources:

Resource 1: DHCS Staying Health Assessment Questionnaires

Resource 2: AAP Bright Futures

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

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