



## Policy and Procedure

Policy Name:	Initial Health Assessment (IHA) and IHEBA (Individual Health Education Behavior Assessment): Pediatric and Adult		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	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 or any superseding APL  IHA PL 08 – 003 or current version  IHEBA PL 13-001 or current version		

**Purpose:**

The Initial Health Assessment (IHA) includes a comprehensive history and Individual Health Education Behavior 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 health plan. IHA must be completed within 120 days of plan enrollment or documented within the 12 months prior to health 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 Behavior Assessment (IHEBA): An age-appropriate behavioral assessment tool. These assessment tools may assist in screening for risk factors for many preventive care criteria (e.g., alcohol misuse, STI, HIV, Tobacco, etc.)

**Policy:**

1. 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
2. An IHA includes the following:
  - a. Comprehensive History and Physical (H & P)
    - i. History of present illness
    - ii. Past medical history

- iii. Social history
  - iv. Review of Organ Systems (ROS)
3. An age appropriate IHEBA tool must be given to a new member and periodically reviewed and updated
    - a. DHCS Staying Healthy Assessment (Pediatric, Adult, and Senior)
    - b. AAP Bright Futures (Pediatric)
    - c. Other DHCS approved IHEBA tool
  4. Site will follow re-administration periodicity according to established IHEBA periodicities on the tool being used
    - a. Adolescents and Seniors should have IHEBA re-administered annually due to frequently changing risk factors, or more frequently based on member's health and medical status
    - b. Adults should have IHEBA re-administered every 3-5 years, or more frequently based on member's health and medical status
  5. There must be evidence of practitioner review of the IHEBA on the assessment form or progress note within the medical record
    - a. Printed name
    - b. Signature
    - c. Date
    - d. Interventions, which may be documented on the IHEBA form, in progress notes, or other areas of the paper or electronic medical record system
  6. Member refusal to complete an IHEBA or SHA
    - a. Declination of the IHEBA should be documented in the medical record
    - b. Member should be encouraged to complete the IHEBA each subsequent year during scheduled exams
      - i. Continue to document continued refusal to complete the IHEBA in the medical record

**Resources:**

- Resource 1: [DHCS Staying Health Assessment Questionnaires](#)
- Resource 2: [AAP Bright Futures](#)

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First Name Last Name – Title

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Date

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Date

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.

Procedure/Workflow Example: (Paper-based)

