

Alternative Individual Health Education Behavioral Assessment (IHEBA)

Review and Approval Form

Health Plan Name: _____ Date Received: _____

Health Plan Contact: _____ Phone: _____ Email: _____

_____ <i>(Name or Title of Alternative IHEBA)</i>	_____ <i>(Date Developed)</i>	_____ <i>(Date Updated):</i>
<input type="checkbox"/> APPROVED AS SUBMITTED*	<input type="checkbox"/> ADDITIONAL INFORMATION REQUESTED (AIR) <i>(See next page)</i>	
<i>*Approved alternative IHEBA must be resubmitted to MMCD for review and approval every three years (or no later than):</i> _____		
Age Groups:		
Providers/Provider Groups:		
Approved administration, documentation and follow up process:		
REVIEWER: HEALTH EDUCATION CONSULTANT III, SPECIALIST		
_____ <i>(Name)</i>	_____ <i>(Signature)</i>	_____ <i>(Date)</i>

Requirements for Approving an Alternative IHEBA Policy Letter 13-001 (Revised)

Name of the organization/company that developed the Alternative IHEBA? _____

A.	Content and Risk Factors	Yes	AIR	Additional Information Requested (Explanation)
	Does the alternative IHEBA include the content and specific risk factors included in the most current version of the Staying Healthy Assessment (SHA).?			
B.	Periodicity and Administration Schedule	Yes	AIR	
	Is the periodicity and schedule for administration of the alternative IHEBA, at a minimum, comparable to the SHA?			
C.	Documentation and Verification	Yes	AIR	
	Is the documentation process for the administration, re-administration, and annual review of the alternative IHEBA included? If so, is it similar (or comparable) to the SHA?			
D.	Threshold Language Availability	Yes	AIR	
	Will the alternative IHEBA be made available in the threshold languages of its members?			
E. Additional Questions or Comments				