

DATE: January 7, 2026

ALL PLAN LETTER 26-001

SUPERSEDES ALL PLAN LETTER 22-030

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: INITIAL HEALTH APPOINTMENT

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the requirements of the Initial Health Appointment (IHA) beginning January 1, 2023. This APL supersedes APL 22-030. This APL update provides technical fixes only.

BACKGROUND:

As part of the Population Health Management (PHM) Program, the Department of Health Care Services (DHCS) is updating policies to streamline the initial screening process for Members, which includes changes to the name and to the Initial Health Assessment process.^{1,2}

The IHA occurs during a Member's encounter with a Provider within the primary care medical setting. During the IHA, the Provider assesses and manages the acute, chronic, and preventative health needs of the Member. The IHA policy is built on the requirements in the California Code of Regulations (CCR), the PHM Policy Guide, and the MCP Contract.^{3,4,5}

The APL superseded by this APL require the Initial Health Assessment to include an age-appropriate Individual Health Education Behavioral Assessment (IHEBA) or a Staying Healthy Assessment (SHA) for each Member. These letters also provide

¹ Information regarding the PHM Initiative is available at:

<https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>

² Effective January 1, 2023, "Initial Health Appointment" replaces the previously used term, "Initial Health Assessment" because the unit of measure tracked for quality will be appointments.

³ See Title 22 CCR section 53851(b)(1). The CCR is searchable at:

https://govt.westlaw.com/calregs/index?_IrtS=20210423013246097&transitionType=Default&contextData=%28sc.Default%29.

⁴ The PHM Policy Guide is available at: <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf>.

⁵ MCP boilerplate contracts are available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

specifics regarding the content of the Initial Health Assessment and the timing of when various preventive services should be assessed and administered. The requirements outlined in these letters, including those pertaining to the IHEBA/SHA, will no longer be required components of the IHA beginning January 1, 2023.

Guidance on the IHA requirements can be found in the PHM Policy Guide and the MCP Contract.^{6,7}

POLICY:

An IHA must be completed for all Members and periodically re-administered according to requirements in the PHM Policy Guide and MCP Contract requirements. An IHA:

- Must be performed by a Provider within the primary care medical setting.⁸
- Is not necessary if the Member's Primary Care Provider (PCP) determines that the Member's medical record contains complete information that was updated within the previous 12 months.
- Must be provided in a way that is culturally and linguistically appropriate for the Member.
- Must be documented in the Member's medical record.

An IHA must include all of the following:

- A history of the Member's physical and mental health;
- An identification of risks;
- An assessment of need for preventive screens or services;
- Health education; and
- The diagnosis and plan for treatment of any diseases.

For members who are dually eligible for Medi-Cal and Medicare, MCPs must adhere to the IHA requirements in the PHM Policy Guide and MCP Contract.

MCP Responsibilities for Policies and Procedures, Subcontractors, and Enforcement Actions

⁶ See the PHM Policy Guide September 2022: C. Gathering Member Information, 2) Streamlining the Initial Screening Process. The PHM Policy Guide is available at: <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf>.

⁷ MCP Contract Exhibit A, Attachment 10, Scope of Services. MCP boilerplate contracts are available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

⁸ Medical settings should be designated as general practice, pediatrics, obstetrics, gynecology, and internal medicine in alignment with the definition of PCPs. See Title 28 CCR section 1300.51.

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to the Managed Care Operations Division (MCOD)-MCP Submission Portal⁹ within 90 calendar days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 calendar days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose enforcement actions, including corrective action plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Network Provider and/or Subcontractor Agreements, to ensure compliance with this APL. For additional information regarding enforcement actions, see APL 25-007. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original signed by Hope Neighbor

Hope Neighbor,

Chief of the Population Health Management Division

⁹ The MCOD-MCP Submission Portal is located at: <https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.