

State of California—Health and Human Services Agency
Department of Health Care Services



MICHELLE BAASS
DIRECTOR



GAVIN NEWSOM
GOVERNOR

DATE: December 27, 2022

ALL PLAN LETTER 22-030
SUPERSEDES ALL PLAN LETTER 13-017
AND POLICY LETTERS 13-001 AND 08-003

TO: ALL MEDI-CAL MANAGED CARE HEALTH 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 13-017 and Policy Letters (PL) 13-001 and 08-003.

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}

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?lrTS=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>.

The APL and PLs superseded by this APL require the Initial Health Assessment to include an age-appropriate Individual Health Education Behavioral Assessment (IHEBA) or a Staying Healthy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 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 Physician (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.

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.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCPD) Contract Manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCPD Contract Manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation 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 PLs.⁹ These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please contact your MCPD Contract Manager and PHMSection@dhcs.ca.gov.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

⁹ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.