

# Provider Bulletin

Molina Healthcare of California

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March 13, 2026

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## Initial Health Appointment – APL 26-001

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on [All-Plan Letter \(APL\) 26-001](#), which can be found in full on the [Department of Health Care Services \(DHCS\) website](#).

### What you need to know:

DHCS released APL 26-001 with guidance on Initial Health Appointment (IHA) requirements for Medi-Cal Members. While no new provider requirements were introduced, this bulletin reinforces existing expectations under the Population Health Management (PHM) Program.

### **BACKGROUND**

The IHA occurs during a member's encounter with a provider in the primary care medical setting and is intended to assess and manage the member's acute, chronic, and preventive health needs as part of routine care. The IHA requirements are based on the California Code of Regulations (CCR), PHM Policy Guide, and Molina contracts.

Prior guidance referred to the Initial Health Assessment and required inclusion of an Individual Health Education Behavioral Assessment (IHEBA) or a Staying Healthy Assessment (SHA), along with prescriptive content and timing for preventive services.

**Effective January 1, 2023, these requirements were removed, and the visit is now referred to as the Initial Health Appointment. The IHEBA and SHA are no longer required components of this visit.**

## Provider Action

Providers should review their current intake and documentation processes to ensure alignment with Initial Health Appointment (IHA) requirements.

Initial Health Appointment(s) must be completed **within 120 days of enrollment** for new members and must continue to include a history of the member's physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.

Providers are expected to:

- Complete an Initial Health Appointment for newly enrolled members within required timeframes
- Ensure all required IHA elements are documented in the medical record
- Avoid requiring SHA or IHEBA as part of the IHA process
- Ensure services are delivered in a culturally and linguistically appropriate manner

Further guidance on the IHA requirements can be found in the [PHM Policy Guide](#) or in the [2026 Molina Medi-Cal Provider Manual](#).



## **POLICY**

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

An IHA:

- Must be performed by a Provider within the primary care medical setting.
- 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, Molina will adhere to the IHA requirements in the PHM Policy Guide and Molina contracts.

### **What if you need assistance?**

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).