

FSR Provider Updates — August 2026

Facility site review requirement updates

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

The Department of Health Care Services (DHCS) requires all participating Medi-Cal Managed Care primary care providers to comply with the most current facility site review (FSR), medical record review (MRR), and governing entity requirements.

The following FSR and MRR requirements have been updated or are being provided as a reminder.

California Minor Consent Law – Reminder

Effective date: July 1, 2024

Outpatient Mental Health Services: Starting July 1, 2024, California Family Code § 6924 was updated to state that a minor age 12 or older may consent for outpatient mental health treatment or counseling if the minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient mental health treatment or counseling. There will be no additional criteria. The second criterion that stipulates minors (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse” (Fam. Code § 6924) was removed.

Reference:

<https://static1.squarespace.com/static/66421681d90ded764d1347e8/t/66a9467522a93e5eb03a0380/1722369655524/2023CaMinorConsentConfChartFull.pdf>

Documentation of absence of risk for screenings not requiring validated screening tools meets requirements

Effective date: July 15, 2026

Documentation in the progress note indicating the absence of risk after a thorough assessment and prior universal testing (if required) that was previously completed meets the screening requirement for criteria that do not require validated screening/assessment tools. "No STI risk," "No HIV risk," "No HBV/HCV risk," and "No TB risk" are examples of conclusive assessments by the provider that meet the standards since validated screening tools are not currently required for these respective screenings.

Documentation of “never drank alcohol”, “never used tobacco products,” and “never used drugs” in lieu of validated screening/assessment tools meets requirements

Effective date: April 15, 2026

Documentation of "never drank alcohol," "never used drugs," and "never used tobacco products" meets the standards because both the activity and the timeframe were assessed during the pre-screening process. Documentation of "Not currently using" requires further assessment of the timeframe. If pre-screening identifies unhealthy behavior, follow-up interventions, such as the administration of validated screening/assessment tools, shall be completed, if required, in accordance with the Department of Health Care Services (DHCS) All Plan Letter requirements.

References:

- dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf
- niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/screen-and-assess-use-quick-effective-methods
- <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

Patient Screening and Questionnaire Forms in English

Effective date: April 15, 2026

All medical record documentation shall be in English. An English translation filed in the medical record also meets state requirements. If forms in other languages are filed in the medical record, blank versions of those forms in English shall also be filed in the medical record.

Reference:

hhs.gov/sites/default/files/ocr-dcl-section-1557-language-access.pdf?utm_source=chatgpt.com

Preventive screening equipment options for vision — Instrument-based screening tools (IBST) and Visual Acuity Screeners (eye charts)

Effective date: April 15, 2026

Instrument-Based Screening Tools (IBST) and Visual Acuity Screeners are two types of vision screeners approved for use at primary care facilities.

- Instrument-Based Screening Tools (IBST): screens very young, pre-verbal children to identify optical and physical characteristics (ocular health) that indicate the presence of ocular conditions. Most IBSTs assess the optical and physical characteristics of the eye and are best suited for preverbal young children.
- Visual acuity screeners (Eye Charts): screen verbal children using eye charts (optotypes) to evaluate visual function. According to the American Academy of Pediatrics (AAP), children old enough to identify objects on a wall-mounted or handheld eye chart can provide a direct measure of visual acuity. For some children, this may be accomplished as early as three years, but for the typical healthy child, accurate visual acuity can be achieved with a high degree of success at four years and older.
- According to AAP, eye charts using lines of optotypes or matching cards with lines (crowding bars) around each optotype provide the most accurate assessments of visual acuity — the functionality of the eye.
- Technologically advanced IBSTs that are based on 1) visual evoked potentials and 2) retinal birefringence may assess both visual acuity and the optical and physical characteristics of the eye. Depending on the type of IBST, those that claim to also screen for “visual acuity” can replace traditional visual acuity screeners using eye charts.

Reference:

<https://publications.aap.org/pediatrics/article/137/1/e20153597/52806/Procedures-for-the-Evaluation-of-the-Visual-System?autologincheck=redirected>

Staying Healthy Assessment (Adult) Forms — approved for Alcohol, STI, and Tobacco screenings

Effective date: April 15, 2026

Effective January 1, 2023, the Individual Health Education Behavior Assessment (IHEBA)/Staying Healthy Assessment (SHA) is no longer a required element during well-child and adult visits. For providers that choose to continue to use the SHA, the Adult SHA (for members 18 and older) is an appropriate pre-screening tool for the following screenings:

- Sexually Transmitted Infections (STI) — the Adult SHA addresses the required “5Ps” of STI screening requirements

- Alcohol — the Adult SHA contains the same brief, pre-screening questions developed by the National Institute on Alcohol Abuse and Alcoholism
- Tobacco — the Adult SHA contains the same brief, pre-screening questions developed by the National Institute on Alcohol Abuse and Alcoholism

Identification of any positive findings or risks shall require further assessment and follow-up (for example, administration of validated screening/assessment tools, behavioral counseling, or referral for treatment).

Reference:

- dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx
- dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf
- niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/screen-and-assess-use-quick-effective-methods#pub-toc0
- <https://nida.nih.gov/taps2/>
- <https://nida.nih.gov/sites/default/files/pdf/nmassist.pdf>
- cdc.gov/std/treatment-guidelines/screening-recommendations.htm
- https://crafft.org/wp-content/uploads/2021/07/CRAFFT_2.1N-HONC_Clinician_2021-07-03.pdf
- https://cde.nida.nih.gov/sites/nida_cde/files/TAPS%20Tool%20Parts%20I%20and%20II%20V2.pdf
- cdc.gov/std/treatment-guidelines/clinical-risk.htm
- <https://journalofethics.ama-assn.org/article/headss-review-systems-adolescents/2005-03>

Training requirements for students (such as residents, externs) rotating at clinic settings – Reminder

Effective date: April 12, 2024

Externship programs offer a hands-on learning experience for students. As per Title 16 of the California Code of Regulations section 1366.3(a)(1)(2), a licensed physician or podiatrist shall serve as advisor to the medical assistant training program. The instructor in a public-school setting shall possess a valid teaching credential issued by the Commission on Teacher Credentialing.

Primary care provider (PCP) sites shall complete on-site training, at a minimum, in bloodborne pathogens, biohazard waste handling, infection control, and patient confidentiality (via a confidentiality agreement, contract, or training) prior to clinical rotation duty.

Reference:

- mbc.ca.gov/Licensing/Physicians-and-Surgeons/Practice-Information/Medical-Assistants.aspx
- <https://law.justia.com/codes/california/2017/code-hsc/division-110/section-130306/>