

## Facility site review requirement updates — September 2025

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

### At a glance:

- New DHCS updates clarify FSR compliance standards for Medi-Cal providers, including nurse practitioner scope and licensure postings.
- Updated requirements address preventive screening equipment, radiology registration verification, and vaccine storage monitoring.
- Providers must meet new timelines and follow current state and federal guidelines to maintain compliance.

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) and other governing entity requirements. These updates ensure that practices maintain compliance with current state and federal standards — helping improve safety, access, and care quality for our members.

The following FSR requirements have been updated:

- 103 and 104 nurse practitioners
- Notice to Consumers regarding professional licensure and board regulation
- Preventive Screening equipment for hearing and vision
- Radiology Equipment Registration Verification
- Vaccine Storage Temperature Monitoring Log

### 103 and 104 nurse practitioners

**Effective date: January 1, 2021**

Assembly Bill (AB) 890 allowed two new categories of nurse practitioners (NP) called 103 and 104 NPs that can function within a defined scope of practice without standardized procedures:

- 103 NPs work under the provisions outlined in Business and Profession Code Section 2837.103. 103 NPs in a group setting with at least one physician and surgeon within the population focus of their National Certification.
- 104 NPs work under the provisions outlined in Business and Professions Code Section 2837.104. 104 NPs may work independently within the population focus of their National Certification.

To become a 103 NP, the following criteria must be met:

- Certified as an NP by the California Board of Registered Nursing
- Holds a National Certification in a recognized population focus, consistent with 16 CCR 1481, by a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board
- Has completed a transition to practice within the category of the National Certification in California with a minimum of three full-time equivalent years of practice or 4600 hours within five years of the date of the application

To become a 104 NP, the following criteria must be met:

- The law requires a licensee to work as a 103 NP in good standing for at least three years before becoming a 104 NP. Consequently, the Board can only certify 103 NPs at this time and cannot certify 104 NPs until 2026.

### **Provider responsibilities and next steps**

If you employ or plan to employ NPs under these new classifications, ensure your credentialing, licensure, and staffing align with AB 890 provisions.

### **References:**

- <https://rn.ca.gov/practice/ab890.shtml>
- [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200AB890](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890)
- <https://www.jdsupra.com/legalnews/california-nurse-practitioners-eligible-42895/>

### **Notice to Consumers regarding professional licensure and board regulation**

**Effective date: see table below**

Existing law establishes the Department of Consumer Affairs, which is composed of boards that license and regulate various professions. Doctors of Medicine (MD), Doctors of Osteopathic Medicine (DO), physician assistants (PAs), and 103 and 104 NPs shall post a notice in a conspicuous location accessible to the public that the licensed professional is regulated by their respective board.

| Professional   | Posting requirements                                                                                                                                | Effective date  | Regulations on posting content details                                                                                 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------|
| MD             | <ul style="list-style-type: none"> <li>38-point type in Arial font</li> <li>QR code that links to the board's Notice to Consumer webpage</li> </ul> | January 1, 2023 | <a href="#">Business and Professions Code section 2026</a><br><a href="#">CA Code of Regulations Title 16 § 1355.4</a> |
| DO             | <ul style="list-style-type: none"> <li>48-point type in Arial font</li> <li>See regulations for additional verbiage requirements</li> </ul>         | October 1, 2021 | <a href="#">CA Code of Regulations Title 16 § 1601</a>                                                                 |
| 103 and 104 NP | <ul style="list-style-type: none"> <li>48-point type in Arial font</li> </ul>                                                                       | January 1, 2025 | <a href="#">Senate Bill 1451, Chapter 481</a>                                                                          |
| PA             | <ul style="list-style-type: none"> <li>48-point type in Arial font</li> </ul>                                                                       | August 11, 2021 | <a href="#">CA Code of Regulations Title 16 § 1399.547</a>                                                             |

## Provider responsibilities and next steps

Verify that your facility's notices meet state specifications and are displayed where patients can easily see them.

## References:

- [https://providers.anthem.com/docs/gpp/CA\\_CAID\\_NoticeToConsumersMDDONPPA.pdf?v=202502212038](https://providers.anthem.com/docs/gpp/CA_CAID_NoticeToConsumersMDDONPPA.pdf?v=202502212038)
- <https://mbc.ca.gov/licensing/Notice-to-Consumers.aspx>
- <https://law.cornell.edu/regulations/california/16-CCR-1355.4><https://law.cornell.edu/regulations/california/16-CCR-1601>[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240SB1451](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1451)
- <https://rn.ca.gov/pdfs/regulations/approval-ab890.pdf>
- [https://govt.westlaw.com/calregs/Document/IE75BA810882311EDBAA59DE2D18897F2?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IE75BA810882311EDBAA59DE2D18897F2?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))
- <https://pab.ca.gov/consumers/notice.pdf>

## Preventive screening equipment for hearing and vision

Effective date: August 1, 2025

### Hearing

According to the American Academy of Pediatrics (AAP), providers caring for patients under 21 years old must have a pure tone audiometer on site with the ability to:

- Produce intensities between 0 and 90 decibels (dB) with hearing screenings conducted at 20 dB (formerly 25 dB).
- Have a headset with right and left earphones.
- Be operated manually.
- Produce frequencies at 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz.



### Frequencies

Hz = Hertz (Frequency)

8000 Hz  
6000 Hz  
4000 Hz  
3000 Hz  
2000 Hz  
1000 Hz  
500 Hz

11-21 years old

7-10 years old



Each frequency is done as a separate test!

### Vision screening equipment

According to AAP, providers caring for patients under 21 years old must have appropriate vision screening equipment. The currently preferred optotypes (figures or letters of different sizes used for vision screening) are the HOTV or LEA symbols for patients who cannot distinguish letters. Allen figures, Lighthouse characters, and the Sailboat Charts are not standardized and are no longer recommended for use, nor are the Tumbling E or Landolt C charts, because a child of preschool age may not yet have developed the ability to express the orientation of these optotypes. The Sloan or the Snellen charts are acceptable for those who can distinguish letters. Sloan letters are the preferred optotype. Per AAP, "although the traditional Snellen chart remains widely used, Sloan letter charts present letters in a standardized fashion and shall be used for acuity testing if available."

According to AAP, effective occlusion, such as with tape or an occlusive eye patch, of the eye not being tested, is essential to eliminate the possibility of peeking. If patches are not available or tolerated, acceptable occluders include specially designed occlusion glasses, and for patients 10 years and older, a hand-held flip paddle occluder is acceptable. Small (Dixie) drinking cups are not acceptable unless held in place over the eye by an adult other than the one being screened to prevent peeking. For infection control purposes, disposable occluders are preferred because they minimize the risk of transmitting infection between patients.

**Note:** The guidance above is for practices that offer services to patients from birth to 20 years old. Practices that only offer services to patients 21 years and older may utilize any vision screening charts as long as both literate (for example, Sloan) and illiterate (for example, HOTV) types are available and that they are used according to manufacturer instructions. Providers are strongly encouraged to follow this guidance to perform vision screenings appropriately.

## **Provider responsibilities and next steps**

Review your equipment inventory and replace or update devices to meet updated AAP guidelines.

### **References:**

- <https://publications.aap.org/pediatrics/article/124/4/1252/71841/Hearing-Assessment-in-Infants-and-Children?autologincheck=redirected>
- <https://sciencedirect.com/science/article/abs/pii/S1054139X16000483>
- <https://pediatrics.aappublications.org/content/137/1/e20153597>
- <https://aapos.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=04a746cc-4322-1a98-772d-3bbd44ced6f8>

## **Radiology Equipment Registration Verification**

**Effective date: August 1, 2024**

The California Department of Public Health (CDPH) Radiologic Health Branch (RHB) transitioned to an online verification system and no longer issues registration certificates for radiology equipment. Please verify your registered radiology equipment by accessing the CDPH/RHB website at <https://regsearchtool.cdph.ca.gov/rhb-facility-search>.

## **Provider responsibilities and next steps**

Verify all radiology equipment registration status online and maintain digital proof of compliance for audits.

### **Reference:**

- <https://regsearchtool.cdph.ca.gov/rhb-facility-search>

## **Vaccine Storage Temperature Monitoring Log**

**Effective date: August 14, 2025**

VFC providers shall follow the most current VFC vaccine storage unit temperature monitoring requirements, including using the most current **VFC Temperature Logs**, which includes documenting current, minimum, and maximum temperature readings and excursion details, if any.

## Temperature Log

Month & Year \_\_\_\_\_ Provider PIN \_\_\_\_\_

|                                                                                                                                                                                                              |  |                                                                               |  |                                                                                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Storage Unit Location/ID                                                                                                                                                                                     |  | Scale<br><input type="checkbox"/> Fahrenheit <input type="checkbox"/> Celsius |  | Storage Unit Type (select one)<br><input type="checkbox"/> Refrigerator (36° to 46°F / 2° to 8°C)<br><input type="checkbox"/> Freezer (-58° to 5°F / -50° to -15°C)<br><input type="checkbox"/> ULT (-130° to -76°F / -90° to -60°C) |  |
| Funding Source(s)<br><input type="checkbox"/> VFC <input type="checkbox"/> VFA <input type="checkbox"/> LHD 317 <input type="checkbox"/> SGF <input type="checkbox"/> Private <input type="checkbox"/> _____ |  |                                                                               |  |                                                                                                                                                                                                                                      |  |

| Day     | Time   | Initials | Alarm | Current | Min  | Max  | Excursion # |
|---------|--------|----------|-------|---------|------|------|-------------|
| Example | 8:00am | NN       |       | 40.5    | 38.1 | 43.7 |             |
|         | 4:00pm | NN       | ✓     | 37.4    | 33.0 | 39.2 | 12345       |
| 1       | am     |          |       |         |      |      |             |
|         | pm     |          |       |         |      |      |             |
| 2       | am     |          |       |         |      |      |             |
|         | pm     |          |       |         |      |      |             |
| 3       | am     |          |       |         |      |      |             |
|         | pm     |          |       |         |      |      |             |
| 4       | am     |          |       |         |      |      |             |
|         | pm     |          |       |         |      |      |             |
| 5       | am     |          |       |         |      |      |             |
|         | pm     |          |       |         |      |      |             |
| 6       | am     |          |       |         |      |      |             |
|         | pm     |          |       |         |      |      |             |

**Check temperatures twice a day:**

1. Fill out clinic/unit details in header.
2. Record the time and your initials.
3. Record a check if alarm went off.
4. Record Current, MIN, and MAX.
5. Clear MIN/MAX on your device.
6. Ensure data logger is recording.

**IF ALARM WENT OFF:**

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion at myCAvax for all funding sources.
5. Record myCAvax Batch Excursion # in last column or in notes.
6. Ensure data logger is recording.

Non-VFC providers may use other temperature logs, such as those published by [immunize.org](https://immunize.org). They shall follow the most current [CDC Vaccine Storage and Handling Toolkit instructions](#) (pages 11 and 13), which includes checking and recording storage unit minimum and maximum temperatures at the start of each workday and actions taken if temperatures are out of range. If the temperature monitoring device (TMD) does not read minimum/maximum temperatures, then check and record the current temperature a minimum of two times per workday (at the start and end of the workday). Staff must record the:

- Minimum/maximum temperature (if the TMD can record them).
- Date.
- Time.
- Name of person who checked and recorded the temperature.
- Any actions taken if a temperature excursion occurred.

For refrigerator and/or freezer storage units used only for non-vaccine medications, any temperature logs and any TMD (non-digital data loggers) may be used as long as temperature readings are documented at least once a day, and temperature ranges are kept within the pharmaceutical manufacturer's storage recommendations.

### Provider responsibilities and next steps

Before implementation, review your temperature monitoring procedures and update logs to the latest VFC and CDC versions.

## References:

- <https://eziz.org/assets/docs/IMM-1535.pdf>
- <https://immunize.org/wp-content/uploads/catg.d/p3037f.pdf>
- <https://immunize.org/wp-content/uploads/catg.d/p3038f.pdf>
- <https://cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf> (pages 11 and 13)

By staying informed and proactive with these updates, providers help ensure continued compliance, enhance care quality, and strengthen member trust. Together, we can maintain safe, effective, and accessible healthcare for all members.

For additional information about Facility Site and Medical Record Reviews and other important resources, please visit: <https://providers.anthem.com/california-provider/resources/fsr>.