



Please select the charts for review that are MEDI-CAL MANAGED CARE. A nurse will notify you on how many and the type of charts (adult, pediatric, OB/GYN) are needed for the review.

Please note that pediatric charts must be for age 0 through 20, adult charts must be age 21 and over. The charts may be from any of the following health plans: Health Net, Molina, LA Care, Blue Cross, HPSJ or Blue Shield Promise. Patients should have at least three office visits, with one being a physical in the last three years (preferably a current physical). If you have an Electronic Medical Record system, **do not print charts**. A nurse may need someone to stay with them and call up records if appropriate.

Please note, it is the responsibility of the provider to select the charts and have them ready on the day of the audit. If you need assistance, please contact your PPG.

## Medi-Cal PCP Facility Site Review & Medical Record

### Review Preparation List

For a successful Medi-Cal Facility Site and Medical Record Review: Please read this information and use the attached information as it will assist you to have a successful Medi-Cal on-site review.

The Policies and Procedures packet should be in your office and **may be used as staff training** if your provider has signed off that he or she approves by signing page one of each policy. If training is done electronically, please have the materials for each training easily accessible on site on the day of the audit.

If you do not have these policies or require any forms to assist your documentation, please do not hesitate to contact me.

The Facility and Medical Record review is a requirement and is necessary to participate as a Medi-Cal PCP.

In this checklist the critical elements are in **bold**. If a **Critical Element CAP** is given during the audit your site will have **10 business days** to complete it. The items on the Critical Element CAP will be **verified by the auditor**.

If a Facility and Medical Record CAP is given during the audit your site will have **30 calendar days to complete them**.

All **New DHCS 2022** standards are **with an asterisk**.

**Please have everything ready before your Facility Site and Medical Record Review appointment.**

Thank you for your participation.



## Facility Site Review

### Access and Safety

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| 1. Clearly marked (blue) curb or sign designating disabled parking space near accessible primary entrance  |
| 2. Wheelchair accessible handwashing facilities or reasonable alternative  |
| 3. All patient areas including floor/carpet, walls, and furniture are neat, clean, and well maintained   |
| 4. Restrooms are clean and contain appropriate sanitary supplies   |
| 5. There is evidence staff has received safety training and/or has safety information available on the following:<br>A. Fire Safety<br>B. Emergency non-medical procedures (disaster, site evacuation, workplace violence, etc.)<br>See Policies and Procedure packet  |
| 6. Lighting is adequate in all areas, to ensure safety   |
| <b>7. Exit doors and aisles are unobstructed and easily accessible for a safe exit</b>   |
| 8. Exit doors are clearly marked with "Exit" signs   |
| 9. Clearly diagramed "Evacuation routes" for emergencies are posted in a visible location at all elevators, stairs and exits   |
| 10. Electrical cords and outlets are in good working condition   |
| 11. Firefighting equipment is in an accessible location  |
| 12. **An employee alarm system (if 10 employees or more)<br>Please refer to OSHA for more information  |
| 13. Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site   |
| 14. Emergency equipment is stored together in an easily accessible location and is ready to be used  |
| 15. Emergency phone numbers are posted, updated annually, and as changes occur (fire, police, child abuse, elder abuse, poison control)  |
| <b>16. **Airway management: Oxygen delivery system (has to have a way to refill tank at 1500 psi or when tank is <math>\frac{3}{4}</math> full), nasal cannula or mask, bulb syringe and Ambu bag</b>  |
| <b>17. **Emergency medicine, such as asthma, chest pain, hypoglycemia and anaphylaxis management: Epinephrine 1:1000(injectable) and Benadryl 25mg oral or Benadryl 50mg IM/IV, naloxone, chewable aspirin 81 mg, nitro spray/tablets, Bronchodilator (solution for nebulizer or inhaler), glucose. Appropriate sizes of safety needles/syringes and alcohol wipes</b> |
| 18. Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications  |
| 19. There is a process in place on site to document checking of emergency equipment/supplies for expiration and operating status at <i>least monthly</i>   |
| 20. There is a process in place on site to replace/restock emergency medication, equipment and supplies immediately after use  |
| 21. Medical equipment is clean   |
| 22. Written documentation demonstrates the appropriate maintenance/calibration (stickers and/or logs) of all medical equipment according to equipment manufacturing guidelines   |

### Personnel

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| 1. All required professional licenses and certifications, issued from the appropriate licensing/certification agency are current (Example: Doctor license and DEA). **NPI for providers and facility |
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| 2. Notification is provided to each member that the MD is licensed and regulated by the medical board, and that the PA is licensed and regulated by the PA committee   |
| 3. Health Care personnel wear ID badges in 18 font printed with name and title   |
| <b>4. Only qualified/trained personnel retrieve, prepare or administer medications</b>   |
| 5. Only qualified/trained personnel operate medical equipment  |
| 6. Documentation of education/training for non-licensed medical personnel is maintained on site  |
| <b>7. **Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration</b>   |
| 8. Scope of practice for non-physician medical practitioners (NPMP's) is clearly defined <ul style="list-style-type: none"> <li>A. Standardized procedures provided for NP and or CNM</li> <li>B. **A practice agreement defines the scope of services provided by PA's and supervisory guidelines define the method of supervision by the supervising physician <a href="https://pab.ca.gov/">https://pab.ca.gov/</a></li> <li>C. Standardized procedures, practice agreements and supervisory guidelines are revised, updated, and signed by the supervising physician and NPMP when change in scope of services occur</li> <li>D. Each NPMP that prescribes controlled substances has a valid DEA registration number</li> </ul>                                      |
| 9. NPMPs are supervised according to established standards: <ul style="list-style-type: none"> <li>A. The ratio of supervising physician to number of NPMP does not exceed established ratios in any combination</li> <li>B. 1:4 NP</li> <li>C. 1:4 CNM</li> <li>D. 1:4 PA's per shift in any given location</li> <li>E. The designated supervising or back-up physician is available in-person or by electronic communication at all times when a NPMP is caring for patients</li> <li>F. **There is evidence of NPMP supervision and agreement</li> </ul>  |
| 10. There is evidence that the site has received training and or/information on the following: <ul style="list-style-type: none"> <li>A. Infection control/universal precautions (annually)</li> <li>B. Blood borne pathogens exposure prevention (annually)</li> <li>C. Biohazardous waste handling (annually)</li> <li>D. Child/elder/domestic violence abuse</li> <li>E. Patient confidentiality</li> <li>F. Informed consent, including human sterilization</li> <li>G. Prior authorization requests</li> <li>H. Grievance/complaint procedure</li> <li>I. Sensitive services/minors' rights</li> <li>J. Health Plan referral process/procedures/resources</li> <li>K. **Cultural and linguistic</li> <li>L. **Disability Rights and Provider Obligations</li> </ul> |

## Office Management

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| 1. Clinic office hours are posted or readily available upon request  |
| 2. Provider office hours schedules are available to staff  |
| 3. Arrangement/schedule for after-hours, on call, and supervisory back up physician coverage is available (who is the covering doctor) |
| 4. Contact information for off-site physicians is available at all times during office hours   |
| 5. After hours emergency care instructions/phone information is made available to patients   |
| 6. Appropriate personnel handle emergent, urgent, and medical advice phone calls   |
| 7. Telephone answering machine, voicemail system or answering service is used whenever office staff does not directly answer the phone |

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| 8. Telephone system, answering service, and recorded phone information are periodically checked and updated (name of exchange)   |
| 9. Appointments are scheduled according to patients stated clinical needs within the timeliness standards established for plan members   |
| 10. Patients are notified of scheduled routine and or preventative screening appointments  |
| 11. There is a process in place verifying follow-up on missed and cancelled appointments   |
| 12. Interpreter services are made available 24 hours a day in identified threshold languages specified for location of site  |
| 13. <b>**Persons providing language interpreter services, including sign language on site, are trained in medical interpretation. Site personnel used as interpreters have been assessed and certified for their interpretation performance skills/capabilities. A written policy should be in place</b>   |
| 14. Office practice procedures allow timely provision and tracking of: <ul style="list-style-type: none"> <li>A. Processing internal and external referrals, consult reports and diagnostic test results</li> <li>B. <b>Physician review and follow up of referral/consultation reports and diagnostics test results. Reports must be received and documented report received date within <u>30 days</u> of seeing specialist or having test done</b></li> </ul> |
| 15. Phone number for filing grievances/complaints are located on site  |
| 16. Complaint forms and a copy of the grievance procedure are available on site. Staff can access forms from health plan   |
| 17. Medical records are readily retrievable for scheduled patient encounters   |
| 18. Medical documents are filed or uploaded in a timely manner to ensure availability for patient encounters   |
| 19. Exam rooms and dressing areas safeguard patients' right to privacy   |
| 20. Procedures are followed to maintain the confidentiality of patients' personal information  |
| 21. Medical record release procedures are compliant with state and federal guidelines. Expiration date must be on form   |
| 22. Storage and transmittal of medical record preserves confidentiality  |
| 23. <b>**Medical records are retained for a minimum of 10 years for both adults and pediatric medical records</b>  |

## Clinical Services

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| 1. Drugs are stored in specifically designated cupboards, cabinets, closets or drawers  |
| 2. Prescriptions, drug samples, over the counter drugs, hypodermic needles/syringes, all medical sharp instruments and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic |
| 3. Controlled drugs are stored in a locked space accessible only to licensed authorized personnel (ex: Testosterone)  |
| 4. A dose by dose-controlled substance distribution log is maintained by <u>licensed personnel (RN, NP, PA, MD, CNM)</u>  |
| 5. <b>**Written site-specific policy/procedure for dispensing of sample drugs are available on site. A list (log) of dispensed and administered sample medications shall be kept on site</b>                                |
| 6. Drugs are prepared in a clean area or "designated clean" area if prepared in multipurpose room   |
| 7. Drugs for external use are stored separately from drugs for internal use   |
| 8. Items other than medications in refrigerator/freezer are kept in a secured, separate, compartment from other drugs. Vaccines should be on separate shelves from insulin and the refrigerator should not be packed full.  |
| 9. Refrigerator temperature is 36 degrees to 46 degrees Fahrenheit or 2-8 degrees Celsius (at the time of site visit)   |

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| 10. Freezer thermometer is 5 degrees Fahrenheit or – 15 degrees Celsius (at the time of visit)  |
| 11. Site utilizes drugs/vaccine storage units that are able to maintain required temperature<br>See CDC/VFS for refrigerator guidelines   |
| 12. Daily temperature reading (drugs/vaccines) for refrigerator and freezer are documented daily  |
| 13. **Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer   |
| 14. Drugs and vaccines are stored separately from test reagents, germicides, disinfectants and other household substances   |
| 15. Hazardous substances are appropriately labeled  |
| 16. Site has a method in place for drug and hazardous substance disposal  |
| 17. There are no expired drugs on site (check manufacturer guidelines after opening multi use vial for new expiration date)   |
| 18. Site has a procedure to check expiration dates of all drugs including vaccines, samples, infant and therapeutic formulas (logs)   |
| 19. All stored and dispensed prescription drugs are appropriately labeled   |
| 20. Only lawfully authorized personnel dispense drugs to patients   |
| 21. <b>**Drugs and vaccines are prepared and drawn only prior to administration – The Five Rights of Medicate Administration vary with ordering provider</b>  |
| 22. Current VIS for distribution to patients present on site or can access from the website   |
| 23. If there is a pharmacy onsite it is licensed by the board of pharmacy   |
| 24. **Site utilizes California Immunization Registry (CAIR program)   |
| 25. Lab test procedures are performed according to site specific CLIA   |
| 26. Personnel performing clinical lab procedures have been trained  |
| 27. Lab supplies (vacutainer, tubes, culture swabs, test solutions) are not accessible to unauthorized personnel  |
| 28. Lab supplies are not expired  |
| 29. Site has a procedure to check expiration dates and a method to dispose of expired lab supplies. See Policies and Procedures for sample log  |
| 30. Site has current California Radiological Health branch inspection report (in the last 5 years) or proof of registration if there is radiological equipment on site  |
| A. Report if machine is decommissioned<br>B. Current copy of title 17 with a posted notice about where it is available on site<br>C. Radiation safety operating procedures posted in a highly visible location<br>D. "Notice to employees' poster" posted in visible location<br>E. "Caution X-ray sign" posted on or next to the door that has the equipment in it<br>F. Physician supervisor/operator certificate posted with a valid expiration date<br>G. Technologist certificate posted with valid expiration date<br>H. Protective equipment – Operator devices lead apron or shield, Gonadal shield 0.5 mm or greater |

## Preventative

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| 1. Examination equipment appropriate for primary care services is available on site                |
| 2. Examination tables and lights are in good repair  |
| 3. Stethoscope and sphygmomanometer with various cuff sizes (example: infant, child, adult, obese) |
| 4. Thermometer with a numerical reading  |
| 5. Scales: Standing balance and infant scales  |
| 6. Measuring devices for stature (height/length) measurement and head circumference measurement    |
| 7. Basic exam equipment: percussion hammer, tongue blades and patient gowns                        |
| 8. Eye charts (literate and illiterate) height adjustable and occluder for vision testing          |

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| 9. Ophthalmoscope   |
| 10. Otoscope with adult and pediatric speculums   |
| 11. Audiometer is located in a quiet location for testing   |
| 12. Health education and plan-specific resources (materials from health plan) are: <ul style="list-style-type: none"> <li>A. Readily available on site or are made available upon request</li> <li>B. Applicable to the practice and population served on site</li> <li>C. Available in threshold languages identified for county and/or site location</li> </ul> |

## Infection Control

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| 1. Soap or antiseptic hand cleaner and running water are available in exam and or treatment areas for hand washing   |
| 2. A waste disposal container is available in exam rooms, procedure/treatment rooms and restrooms  |
| 3. Site has a procedure for effectively isolating infectious patients with potential communicable conditions   |
| 4. Personal protective equipment for standard precautions is readily available for staff use (water-repelling gloves and gown, face/eye protection, mask)  |
| <b>5. Needle stick safety precautions are practiced on site. Only safety needles are used on site and wall mounted/secure containers. Sharps container should not be overfilled.</b>   |
| 6. All sharps injury incidents are documented. Have a log for documentation  |
| <b>7. Blood, other potentially infectious materials, and regulated wastes are placed in appropriate leak proof containers for collection, handling, processing, storage, transport or shipping</b>   |
| 8. Biohazardous (non-sharp) wastes are contained separate from other trash/waste   |
| 9. Contaminated laundry is laundered at the workplace or by a commercial laundry service   |
| 10. Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons. Storage must have a biohazard warning sign  |
| 11. Transportation of regulated medical wastes is only by a registered waste hauler or to a central location of accumulation in limited quantities (up to 35.2)  |
| 12. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or potentially infectious material   |
| 13. Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule (logs for staff and if there is a cleaning service a log for them)  |
| 14. Disinfectant solutions used on site are: <ul style="list-style-type: none"> <li>A. Approved by the EPA</li> <li>B. Effective in killing HIV/HEP B/TB</li> <li>C. Follow manufacture instructions – <i>know contact time</i></li> </ul>   |
| 15. Written site-specific policy/procedures or manufacturer's instructions for instrument sterilization are available to staff on site   |
| 16. Staff adheres to site-specific policy/procedures and or manufacturer/product label directions for the following procedure: cleaning reusable instruments/equipment prior to sterilization  |
| <b>17. **Cold chemical sterilization/high-level disinfection</b> <ul style="list-style-type: none"> <li><b>A. Confirmation from manufacturers item or items are heat sensitive</b></li> <li><b>B. Staff demonstration/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment</b></li> <li><b>C. Appropriate PPE is available, exposure control plan, and clean up instructions in the event of a cold chemical sterilant spill – Solution's MDD shall be available on site</b></li> </ul> |

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| 18. Autoclave/steam sterilization:  |
| A. Staff demonstration/verbalize process to ensure sterility – Written operating instructions for autoclave avail on site |
| B. Autoclave maintenance per manufacturers guidelines   |
| <b>C. Spore testing of autoclave/steam sterilizer with documented results at least monthly</b>                            |
| D. Management of positive mechanical, chemical, and or biological indicators of the sterilization process                 |
| See CDC website for additional guidelines   |
| 19. Sterilized packages are labeled with sterilization date and load identification information – Have logs on site       |
| 20. Storage of sterilized packages – clean and dry separated by functional barrier  |
| See sample P and P sterilization guidelines   |

## Medical Record Review

Medi-Cal Managed Care charts

Pediatric is **ages 0-20**

Adult is **ages 21 and over**

### Format

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| 1. Member ID is on each page  |
| 2. Demographic information is documented  |
| 3. Emergency contact is identified  |
| 4. Medical records on site are maintained and organized                                       |
| 5. Members assigned PCP is identified   |
| 6. Primary language and interpreter needs for anything other than English or hearing impaired |
| 7. **Person or entity providing medical interpretation is identified and documented           |
| 8. **Signed copy of Notice of Privacy   |

### Documentation

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| 1. Allergies are prominently noted  |
| 2. Chronic problems and or significant conditions are listed  |
| 3. Current medications are listed   |
| 4. **Appropriate consents are preset:   |
| A. Consent for treatment  |
| B. Release of medical records   |
| C. Informed consent for invasive procedures   |
| 5. **Advanced health care directive information is offered (reviewed at least every 5 years)  |
| 6. All entries are signed, dated, and legible (ex: first initial last name ma) <u>MA must sign all entries</u> (example: vitals, vision, hearing) |
| 7. Errors are corrected according to legal medical documentation standards  |

### Coordination/Continuity of Care

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| 1. History of present illness or reason for visit is documented      |
| 2. Working diagnosis are consistent with findings                    |
| 3. Treatment plans are consistent with diagnosis                     |
| 4. Instruction for follow-up care is documented                      |
| 5. Unresolved/continuing problems are addressed in subsequent visits |



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| 6. There is evidence of practitioner review of consult/referral reports and diagnostic test results                    |
| 7. There is evidence of follow up of specialty referrals made and results/reports of diagnostic tests when appropriate |
| 8. Missed primary care appointments and outreach efforts/follow-up contacts are documented                             |

## Pediatric Preventive care

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| 1. Initial Health Assessment (IHA):<br>A. Comprehensive history and physical<br>B. Individual health education behavioral assessment (IHEBA) If the patient did not come in within the time frame from the effective date with PCP, document why patient did not come in |
| 2. Subsequent comprehensive health assessment:<br>A. Comprehensive history and physical exam completed at age-appropriate frequency<br>B. Subsequent periodic IHEBA (Staying healthy assessment)   |
| 3. **Alcohol/drug misuse: screening and behavioral counseling (Per AAP, screen all individuals ages 11 and older – see adolescent SHA Q23-26)  |
| 4. **Anemia screen (risk assessment at age 4, 15, 18, 24, 30 months and age 3, then annually thereafter: and serum hemoglobin at age 12 months)  |
| 5. **Anthropometric measurements (head circumference for ages 2 and younger, length/height and weight for ages 0-20 are documented and plotted in a WHO growth chart if under age 2. CDC growth chart for children ages 2 and older)                                     |
| 6. Anticipatory Guidance – Age-appropriate at each well check visit  |
| 7. **Autism spectrum disorder screening (at ages 18 and 24 months)   |
| 8. Blood lead testing – ages 12 and 24 months and up to age 72 months if no record   |
| 9. Blood Pressure screening ages 3 and older   |
| 10. Dental Assessment – inspection of mouth, teeth and gums at each well-visit   |
| 11. **Dental Home – Establish a dental home within age 12 months and referral to a dentist annually regardless of dental problem or absence of problem   |
| 12. **Dental Fluoride Supplementation – ages 6 months to 16 years who are high risk for tooth decay and who's drinking water has a low fluoride concentration  |
| 13. **Dental Fluoride Varnish – applied in a professionally supervised setting when teeth start to erupt up to age 5   |
| 14. **Depression screening (maternal screening of infants at ages 1, 2, 4, and 6 months. Annually from age 12 years and older using the PHQ-2 or PHQ9. SHA is not a valid assessment tool)   |
| 15. **Developmental disorder screening for developmental disorders at the 9-, 18- and 24- or 30-month visits   |
| 16. Developmental surveillance – assess at each well child visit   |
| 17. **Dyslipidemia screening – risk assessment at ages 2, 4, 6 and 8 and once between ages 9 and 11 and once between ages 17 and 21  |
| 18. **Folic acid supplementation (daily supplements of 0.4-0.8 mg once menses have started)  |
| 19. Hearing screening – <u>document scores</u>   |
| 20. **Hep B screening – if at risk see standards for more information  |
| 21. **HIV screening – if at high risk see standards for more information   |
| 22. **Intimate partner violence screening – see adolescent SHA question 14, 15, 27   |
| 23. **Nutrition assessment/breast feeding support per USPSTF/ WIC supplementation  |
| 24. **Obesity screening – Starting at age 2, document the BMI and chart on CDC approved growth chart<br>Screen for obesity in children and adolescents ages 6 and older or refer to intensive behavioral interventions to promote improvements in weight status          |
| 25. **Psychosocial/behavioral assessment – Assess at each well-check visit   |



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| 26. **Sexual activity assessment – starting at age 11, see adolescent SHA 28-34                                       |
| A. Contraceptive care   |
| B. STI screening on all sexually active adolescents, including chlamydia, gonorrhea and syphilis (syphilis at age 15) |
| 27. **Skin Cancer Screening/behavioral counseling – ages 6 months and older   |
| 28. **Tobacco product use: screening, prevention and cessation services – Adolescent SHA 19-20                        |
| 29. TB screening – risk assessment at each well visit   |
| 30. Vision screening – Beginning at ages 3-20 (document scores). See AAP guidelines                                   |
| 31. Childhood immunizations   |
| A. Given according to ACIP guidelines   |
| B. Vaccine administration   |
| C. Vaccine Information Statement documentation (VIS)  |

## Adult Preventive Care

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| 1. Initial Health Assessment (IHA) within 120 days of plan enrollment:   |
| A. Comprehensive history and physical  |
| B. Individual health education behavioral assessment (IHEBA)   |
| 2. Periodic health evaluation according to most recent USPSTF guidelines   |
| 3. Subsequent IHEBA (SHA) – review yearly  |
| 4. **Alcohol misuse: screening and behavioral counseling: for anyone with high risk (questions 19 or 23 on SHA)  |
| 5. Breast cancer screening: ages 50-75 females every 1 to 2 years per USPSTF guidelines  |
| 6. Cervical cancer screening: ages 21-65 females – Every three years with cytology only, and 5 years with combo cytology and HPV, per USPSTF guidelines  |
| 7. Colorectal cancer screening: ages 50-75 – Every 10 years for colonoscopy, 5 years sigmoid and fecal occult every 3 years, or yearly fecal occult USPSTF guidelines  |
| 8. **Depression screening per USPSTF guidelines (example: PHQ 9)   |
| 9. **Diabetic screening and Comprehensive Diabetic Care: ages 40-70 – Glucose test for overweight/obese clients per USPSTF. If abnormal glucose, provide counseling or intervention  |
| 10. Dyslipidemia screening: ages 40-75 – Assess per USPSTF guidelines  |
| 11. **Folic acid supplementation: all women capable of pregnancy 04 mg-0.8 mg daily  |
| 12. **Hep B screening – If high risk   |
| 13. **Hep C screening – If high risk   |
| 14. High blood pressure screening: ages 18 and older – yearly if BP is higher than 120/80 per USPSTF guidelines  |
| 15. **HIV screening: Risk assessment shall be completed at each well visit up to 65  |
| 16. **Intimate partner violence screening: SHA Adult question numbers 9, 11, 26 or Senior SHA 10, 15, 28   |
| 17. **Lung cancer screening – for adults ages 55-80 who have a 30 pack a year smoking history and currently smoke or have quit within the last 15 years. Screen with low dose tomography   |
| 18. **Obesity screening and counseling: Document BMI, weight, counseling if appropriate  |
| 19. **Osteoporosis screening: Bone measurement testing for women ages 65 and older or postmenopausal women younger than age 65 with risk factors: parental history of hip fracture, smoking, excessive alcohol consumption or low weight |
| 20. **Sexually transmitted infection (STI): Adult SHA question numbers 22-26 or Senior 25-28   |
| 21. **Sexually transmitted infections counseling – for high-risk adults. (Adult SHA Q22-26 and Senior SHA25-28   |
| 22. **Skin cancer screening/behavioral counseling: ages 24 and younger   |
| 23. **Tobacco use counseling and interventions: Screen all adults per USPSTF guidelines  |

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| 24. Tuberculosis Screening: Assess on each well-check visit  |
| 26. **Adult Immunizations (TD/TDAP, FLU, Pneumococcal, Varicella and MMR)                                    |
| A. **Given according to ACIP guidelines – if referred to pharmacy obtain record and file or obtain from CAIR |
| B. **Vaccine administration documentation  |
| C. **VIS documentation   |

## OB/CPSP Preventative Care

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| 1. Initial Comprehensive Prenatal Assessment (ICA)<br>ICA completed within four weeks of entry to prenatal care |
| 2. Obstetrical and medical history  |
| 3. Physical exam  |
| 4. **Dental assessment  |
| 5. **Bacterial screening  |
| 6. Rh incompatibility screening   |
| 7. **Diabetes screening   |
| 8. Hepatitis B virus screening  |
| 9. Chlamydia screening up to age 25 or if high risk   |
| 10. **Syphilis infection screening  |
| 11. **Gonorrhea infection screening for ages 24 and younger   |
| 12. First trimester comprehensive assessment standards  |
| A. Individualized care plan   |
| B. Nutrition  |
| C. Maternal mental health/**Social needs/substance use/abuse assessments  |
| D. Health education   |
| E. **Preeclampsia screening   |
| F. **Intimate partner violence screen   |
| 13. Second trimester comprehensive re-assessment  |
| A. Individualized care plan updated and followed up   |
| B. Nutritional assessment   |
| C. Maternal mental health/social needs/substance use/abuse assessments  |
| D. **Preeclampsia screening   |
| E. **Intimate partner violence screening  |
| 14. Third trimester comprehensive re-assessment:  |
| A. Individual care plan updated and followed up   |
| B. Nutrition assessment   |
| C. Maternal mental health/social needs/substance use/abuse assessments  |
| D. Health education assessment standards  |
| E. **Preeclampsia screening   |
| F. **Intimate partner violence screening  |
| G. Screening for Strep B  |
| H. **TDAP Immunization  |
| 15. Prenatal care visit periodicity according to most recent ACOG standards                                     |
| 16. **Influenza Vaccine per ACOG standards  |
| 17. Referral to WIC and assessment of infant feeding status   |
| 18. HIV-related services offered  |



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| 19. AFP/genetic screening offered   |
| 20. Family planning evaluation and standards  |
| 21. Postpartum comprehensive assessment <ul style="list-style-type: none"><li>A. Individualized care plan</li><li>B. Nutrition assessment</li><li>C. Maternal mental health/social needs/substance use/abuse assessments</li><li>D. Health education assessment standards</li><li>E. Comprehensive physical exam completed and within 12 weeks after delivery</li></ul> |

## Links

### Physical Forms

[https://providers.anthem.com/docs/gpp/california-provider/CA\\_CAID\\_CompHealthAssmtForms.pdf?v=202206211734](https://providers.anthem.com/docs/gpp/california-provider/CA_CAID_CompHealthAssmtForms.pdf?v=202206211734)

### Electronic Pre-Audit Packet

<https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/quality-improvement/facility-site-review.html>

### Training Videos on 2022 Tool

[https://www.healthnet.com/content/healthnet/en\\_us/providers/working-with-hn/provider\\_engagement.html](https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/provider_engagement.html)

### Exit doors and aisles are unobstructed

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37>

### Fire Fighting is accessible

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157>

### CLIA

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index>

<https://www.cdc.gov/clia/law-regulations.html>

### Sharps Injury

[1904.8 - Recording criteria for needlestick and sharps injuries. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha.gov/1904.8-Recording-criteria-for-needlestick-and-sharps-injuries-Occupational-Safety-and-Health-Administration)

### Radiological Health Branch

<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB.aspx>

### HIPPA

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

### Error Documentation



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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf>

#### Staying Healthy Assignment

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf>

#### Pediatric Well Check Visits

<https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>

#### Lead Testing Resources

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/Pages/Program-Landing2.aspx>

[https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid\(E\)\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid(E)_ADA.pdf)

[https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline\\_sources%20of%20lead.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf)

#### Pediatric Blood Pressure

<https://www.aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx>

#### Dental Assessment

[https://www.aapd.org/media/Policies\\_Guidelines/BP\\_CariesRiskAssessment.pdf](https://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf)

#### Oral Health/Fluoride

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>

[https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/Fluoridation.html](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.html)

#### Maternal Depression Screening

<https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib051116.pdf>

#### Developmental Surveillance

<https://pediatrics.aappublications.org/content/118/1/405>

#### Hearing Screening

<https://www.cdc.gov/ncbddd/hearingloss/recommendations.html>

#### Pediatric Sexual Health

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/default.aspx>

#### TB Screening

<https://www.cdc.gov/tb/topic/testing/default.htm>

#### Vision Screening



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<https://pediatrics.aappublications.org/content/137/1/e20153596>

Adult Staying Healthy

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf>

USPTF Preventive Screening Standards

[A and B Recommendations | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org/A-and-B-Recommendations)

Adult Immunizations

<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Cleaning Products

<https://www.multi-clean.com/training/infection-control/>

CMS

[https://www.cms.gov/cms-search?search=manufacturer+guidelines+for+equipment&field\\_date%5Bmin%5D=&field\\_date%5Bmax%5D=&sort\\_by=search\\_api\\_relevance&items\\_per\\_page=10](https://www.cms.gov/cms-search?search=manufacturer+guidelines+for+equipment&field_date%5Bmin%5D=&field_date%5Bmax%5D=&sort_by=search_api_relevance&items_per_page=10)

USPTF

<https://www.uspreventiveservicestaskforce.org/uspstf/>

Bright Futures Periodicity Schedule

[https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

Bright Futures

<https://brightfutures.aap.org/Pages/default.aspx>

HRSA

<https://www.hrsa.gov/>

Notice to Consumers

[Notice To Consumers: License and Certification](#)

DCA Standardized Procedures

<https://www.rn.ca.gov/pdfs/regulations/npr-b-20.pdf>

National Board of Certification for Medical Interpreters

<https://www.certifiedmedicalinterpreters.org/getting-prepared>

Cryacom International Interpreter line resources

<http://interpret.cryacom.com/>

Vaccines and Immunizations

<https://www.cdc.gov/vaccines/index.html>



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Staying Healthy Assessment

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx>

VFC

<https://eziz.org/vfc/>

VIS

[https://www.cdc.gov/vaccines/hcp/vis/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fpublic%2Fvis%2Fdefault.htm](https://www.cdc.gov/vaccines/hcp/vis/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fpublic%2Fvis%2Fdefault.htm)

SAMSHA (Substance Abuse and Mental Health Service Administration SBIRT

<https://www.samhsa.gov/sbirt>

California Department of Public Health/Radiological Health Branch

<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB.aspx>

OSHA Blood borne Pathogens

<https://www.osha.gov/SLTC/bloodbornepathogens/standards.html>

Cold Sterilization

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html>

CURES- Controlled Substance Information

[State of California Department of Justice](#)