

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

Please note that pediatric charts must be 0 through 20 years of age, adult charts must be 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 3 office visits 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 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. 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 thirty calendar days to complete.

All New DHCS guidelines are with an Asterisk.

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

Thank you for your participation.

**\*\*Please note if you provide pediatric services, the following provider/staff training must be completed prior to the audit, with evidence available onsite:**

- Website: <http://publichealth.lacounty.gov/cms/CHDPTrain.htm>
- Adverse Childhood Experiences (ACEs) (Password: CHDPACES2022 - all caps)
- Audiometric Screening (Password: CHDPAST2019 - all caps)
- Developmental Screening (Password for Non Exide Area: CHDPASQ2021 - all caps)
- Fluoride Varnish (Password: CHDPFV2020 - all caps)
- Vision Screening (Password: CHDPVISION2019- all caps)

## Facility Site Review

### Access and Safety

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 A. Fire Safety B. Emergency non-medical procedures (disaster, site evacuation, workplace violence, etc.) 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. Fire Fighting equipment is in an accessible location
12. <b>**An employee alarm system (if 10 employees or more)</b> 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

1. All required professional licenses and certifications, issued from the appropriate licensing/certification agency are current (Ex Dr. License and DEA...). **NPI for providers and facility
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="http://www.pac.ca.gov">http://www.pac.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

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/telephone information is made available to patients
6. Appropriate personnel handle emergent, urgent, and medical advice telephone calls
7. Telephone answering machine, voicemail system or answering service is used whenever office staff does not directly answer the phone
8. Telephone system, answering service, and recorded telephone 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. <i>Physician review and follow up of referral/consultation reports and diagnostics test results. Reports must be received, and documented report received date within <u>thirty days</u> of seeing specialist or having test done</i></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 patient's personal information. If a cleaning service is used, they must have a confidentiality agreement on file as well.
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
<b>23. <b>**Medical records are retained for a minimum of 10 years for both adults and pediatric medical records</b></b>

## Clinical Services

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>
<b>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></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)
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 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- 5 rights of medication very 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 on site, 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
<ul style="list-style-type: none"> <li>A. Report if machine is decommissioned</li> <li>B. Current copy of title 17 with a posted notice about where it is available on site</li> <li>C. Radiation safety operating procedures posted in a highly visible location</li> <li>D. “Notice to Employees” poster posted in visible location</li> <li>E. “Caution X-ray” sign posted on or next to the door that has the equipment in it</li> <li>F. Physician supervisor/operator certificate posted with a valid expiration date</li> <li>G. Technologist certificate posted with valid expiration date</li> <li>H. Protective equipment- Operator devices lead apron or shield, Gonadal shield 0.5mm or greater</li> </ul>

## Preventative

1. Examination equipment appropriate for primary care services is available on site
2. Exam tables and lights are in good repair
3. Stethoscope and sphygmomanometer with various cuff sizes (ex: 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
9. Ophthalmoscope
10. Otolaryngoscope with adult and pediatric speculums
11. Audiometer is located in a quiet location for testing
12. Health education and plan-specific resources ( <u>materials from health plan</u> ) are:
A. Readily available on site or are made available upon request
B. Applicable to the practice and population served on site
C. Available in threshold languages identified for county and /or site location

## Infection Control

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 ( <i>a log is needed for both staff and cleaning service if appropriate</i> )
14. Disinfectant solutions used on site are:
A. Approved by the EPA
B. Effective in Killing HIV/HEP B/TB
C. Follow manufacture instructions – <i>know contact time</i>
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

**17. \*\*Cold chemical sterilization/high level disinfection**

- A. Confirmation from manufacturers item or items are heat sensitive**
- B. Staff demonstration/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment**
- 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**

**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
  - C. Spore testing of autoclave/steam sterilizer with documented results at least monthly**
  - 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

Medical Managed Care charts

Pediatric is age 0-20

Adult is 21 and over

### Format

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 information must be offered and documented for languages 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

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> (ex: vitals, vision, hearing)
7. Errors are corrected according to legal medical documentation standards

### Coordination/Continuity of Care

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
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

<p>1. Initial Health Assessment (IHA):</p> <p>A. Comprehensive history and physical</p> <p>2. B. **Initial Health Risk Assessment-Within 120 days of the effective date of enrollment of plan or PCP (whichever is more recent), or within the 12 months prior to plan enrollment/PCP effective date (Ex. ACE or SDOH).</p>
<p>Individual health education behavioral assessment (IHEBA):</p> <p>Not mandated but continues to help with obtaining information with certain screenings. If using SHA, it must be age appropriate and completed with each well visit.</p>
<p>3. Subsequent comprehensive health assessment: Comprehensive history and physical exam completed at age-appropriate frequency.</p> <p>4. **Subsequent Health Risk Assessment (ACE or SDOH)- Review yearly</p>
<p>Subsequent periodic IHEBA (Staying healthy assessment)-Not mandated but continues to help with obtaining information with certain screenings.</p>
<p>5. **Alcohol/drug misuse: screening and behavioral counseling- Per AAP, screen all individuals 11 and older using validated screening form (ex. CRAFFT, TAPS etc.)</p>
<p>6. **Anemia screen (risk assessment at 4,15,18,24,30 months and 3 years old, then annually thereafter: and serum hemoglobin at 12 months)</p>
<p>7. **Anthropometric measurements (Head circumference for 2 years and younger, length/height and weight for 0-20 years old are documented and plotted in a WHO growth chart if under 2yo. CDC growth chart for children 2 and older</p>
<p>8. Anticipatory Guidance – Age appropriate at each well check visit</p>
<p>9. **Autism spectrum disorder screening (at 18 and 24 months)</p>
<p>10. Blood lead testing- 12 and 24 months and up to 72 months if no record. Anticipatory guidance 6months-72months.</p>
<p>11. Blood Pressure screening- 3 years old and older</p>
<p>12. Dental Assessment – inspection of mouth, teeth, and gums at each well visit</p>
<p>13. **Dental Home- Establish a dental home within 12 months of age and referral to a dentist annually regardless of dental problem or absence of problem</p>
<p>14. **Dental Fluoride Supplementation- 6months to 16 years who are high risk for tooth decay and who’s drinking water has a low fluoride concentration</p>
<p>15. **Dental Fluoride Varnish- applied in a professionally supervised setting when teeth start to erupt up to age 5</p>
<p>16. **Depression screening (maternal screening of infants at 1, 2, 4, and 6 months. Annually from 12 years old and older using the PHQ-2 or PHQ9-A. SHA is not a valid assessment tool</p>
<p>17. **Maternal Depression Screening at 1,2,4, and 6-month visits (Ex. Edinburgh validated screening form).</p>
<p>18. **Developmental Disorder Screening for developmental disorders at the 9, 18 and 24- or 30-month visits</p>
<p>19. Developmental Surveillance- assess at each well child visit</p>
<p>20. **Dyslipidemia screening- risk assessment at 2,4,6 and 8 and once between 9 and 11 and once between 17 and 21</p>

21. **Folic acid supplementation (daily supplements of 0.4-0.8mg age 12-20) or counseling
22. Hearing Screening- <i>document scores</i>
23. **Hepatitis B screening- 0-20 years on every well visit
24. **Hepatitis C screening- 18-20 years on every well visit
25. **HIV screening- 11-20 at every well visit
26. **Intimate Partner Violence screening- validated screener such as the HITS
27. **Nutrition assessment/breast feeding support per USPSTF/ WIC supplementation
28. **Obesity Screening- Starting at age 2 document the BMI and chart on CDC approved growth chart Screen for obesity in children and adolescents 6 and older or refer to intensive behavioral interventions to promote improvements in weight status
29. **Psychosocial/behavioral assessment - Assess at each well check visit
30. **Sexual Activity assessment –starting at 11 years old see adolescent SHA 28-34 A. Contraceptive Care B. STI screening on all sexually active adolescents, including chlamydia, gonorrhea, and syphilis (syphilis at 15)
31. **Tobacco product use: screening, prevention, and cessation services- (ex. CRAFFT, TAPS)
32. TB screening- risk assessment annually
33. Vision Screening- Beginning at 3years-20 years old (document scores). See AAP guidelines
34. Childhood Immunizations A. Given according to ACIP guidelines B. Vaccine Administration C. Vaccine Information Statement documentation (VIS)

## Adult Preventive Care

1. Initial Health Assessment (IHA) within 120 days of plan enrollment: A. Comprehensive history and physical B. **Initial Health Risk Assessment- Within 120 days of the effective date of enrollment of plan or PCP (whichever is more recent), or within the 12 months prior to plan enrollment/PCP effective date. (Ex. ACE,SDOH, or CHA(mini cog for 65 and older).
Individual health education behavioral assessment (IHEBA)- Not mandated but continues to help with obtaining information with certain screenings. If using SHA, it must be age appropriate and completed with each well visit.
2. Periodic health evaluation according to most recent USPSTF guidelines
3. **Health Risk Assessment (ACE, SDOH, or min cog for 65 and older)- Review yearly.
Subsequent IHEBA (SHA)- Not mandated but continues to help with obtaining information with certain screenings.
4. **Alcohol/Drug misuse: screening and behavioral counseling: using validated screening forms (ex. AUDIT-C, DAST 10, TAPS etc.) and behavioral counseling if appropriate
5. Breast Cancer screening: 50–75-year-old females every 1 to 2 years per USPSTF guidelines
6. Cervical Cancer Screening: 21–65-year-old females- Every three years with cytology only, and 5 years with combo cytology and HPV, per USPSTF guidelines
7. Colorectal Cancer Screening: 45-75 years old- 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 (ex: PHQ 9)
9. **Diabetic Screening and Comprehensive Diabetic Care: 40-70 years old- Glucose test for overweight/obese clients per USPTF. If abnormal glucose provides counseling or intervention
10. Dyslipidemia Screening: 40-75 years old- Assess per USPSTF guidelines
11. **Folic Acid Supplementation: all women capable of pregnancy 04mg-0.8mg daily
12. **Hepatitis B Screening- 21 and older at every well visit
13. **Hepatitis C Screening – 21-79 years at every well visit
14. High blood pressure screening: 18 years 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: Validated tool such as HITS or HARKS
17. **Lung Cancer Screening – Annual screening with low dose computed tomography (LDCT) for adults 50-80 years of age who have a 20 pack-year smoking history and currently smoke or have quit within the last 15 years.
18. **Obesity Screening and counseling: Document BMI, weight, counseling if BMI over 30
19. **Osteoporosis Screening: Bone measurement testing for women 65 and older or postmenopausal women younger than 65 with risk factors: parental history of hip fracture, smoking, excessive alcohol consumption or low weight
20. **Sexually transmitted infection (STI): Adult SHA questions 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: 24 years old and younger
23. **Tobacco use counseling and interventions: Screen all adults per USPSTF guidelines (ex. TAPS)
24. Tuberculosis Screening: Assess on each well check visit
26. **Adult Immunizations (TD/TDAP-every 10 years, FLU-annually, Zoster-50 and older, Pneumococcal-65 and older, Varicella and MMR-titers if no acquired immunity) 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 like Preventative Care**

1. Initial Comprehensive Prenatal Assessment (ICA) 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 24 and younger
12. First trimester comprehensive assessment standards A. Individualized care plan

<ul style="list-style-type: none"> <li>B. Nutrition</li> <li>C. Maternal mental health/**Social needs/substance use/abuse assessments</li> <li>D. Health Education</li> <li>E. **Preeclampsia screening</li> <li>F. **Intimate Partner Violence screen</li> </ul>
<p>13. Second Trimester comprehensive re-assessment</p> <ul style="list-style-type: none"> <li>A. Individualized care plan updated and follow up</li> <li>B. Nutritional Assessment</li> <li>C. Maternal mental health/social needs/substance use/abuse assessments</li> <li>D. **Preeclampsia screening</li> <li>E. **Intimate partner violence screening</li> </ul>
<p>14. Third trimester comprehensive re-assessment:</p> <ul style="list-style-type: none"> <li>A. Individual Care plan updated and follow up</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. **Preeclampsia screening</li> <li>F. **Intimate partner violence screening</li> <li>G. Screening for Strep B</li> <li>H. **TDAP Immunization</li> </ul>
<p>15. Prenatal Care visit periodicity according to most recent ACOG standards</p>
<p>16. **Influenza Vaccine per ACOG standards</p>
<p>17. Referral to WIC and assessment of infant feeding status</p>
<p>18. HIV-related services offered</p>
<p>19. AFP/genetic screening offered</p>
<p>20. Family Planning evaluation and Standards</p>
<p>21. Postpartum comprehensive assessment</p> <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)

### ACES

<https://www.acesaware.org/learn-about-screening/screening-tools/>

SDOH: [https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/social\\_determinants.html](https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/social_determinants.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 \(osha.gov\)](#)

### 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

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

### Staying Healthy Assignment

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/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>

## Pediatrics Sudden Cardiac Arrest

[Pediatric Sudden Cardiac Arrest | Pediatrics | American Academy of Pediatrics \(aap.org\)](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

<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 \(uspreventiveservicestaskforce.org\)](#)

### 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

<https://www.mbc.ca.gov/Download/Documents/SampleSign-PhysicianSurgeon.pdf>

### 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>

### 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%2Fpubs%2Fvis%2Fdefault.htm](https://www.cdc.gov/vaccines/hcp/vis/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fpubs%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](#)

Interpersonal Violence

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

Hepatitis Risk Assessment

[Hepatitis Risk Assessment Tool \(ne.gov\)](#)