

# ALAMEDA ALLIANCE FOR HEALTH FACILITY SITE REVIEW (FSR) AND MEDICAL RECORD REVIEW (MRR) PREPARATION – 2021 CHECKLIST


## WE ARE HERE TO HELP YOU!

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we appreciate all of your hard work to improve the health and well-being of our community.

We have created this Facility Site Review (FSR) and Medical Record Review (MRR) Preparation 2021 Checklist as a guide to help you conduct internal reviews at your own practice to determine your readiness level for your upcoming FSR and/or MRR.

This checklist incorporates revisions made by the California Department of Health Care Services (DHCS) to the criteria and scoring of FSR and MRR tools and standards, as noted in **APL 20-006**, Site Reviews: Facility Site Review and Medical Record Review. Please reference the most current DHCS standards and the embedded website links below for more detailed information. The survey standards provide directions, instructions, rules, regulation parameters and/or indicators for the provider office FSR and MRR. Not all criteria below are applicable to your clinic location. Please provide a brief explanation to the nurse reviewer before or during your site visit for all criteria that you believe are not applicable to your clinic location.

**All critical element (CE) criteria** are bolded and italicized in *blue*. CEs, survey elements within the FSR that are identified as “critical” due to their potential for adverse effects on patient health or safety, have a weighted score of **two (2)** points. Each CE found deficient during a full scope site survey, focused survey, or monitoring visit shall be corrected by the provider within **10 calendar days** from the survey report date. All non-CE criteria have a weighted score of **one (1)** point and shall be corrected by the provider within **30 calendar days** from the survey report date.

**All new DHCS criteria** released in 2020 are noted as **NEW**. Criteria requiring documentation or written policies and procedures for FSR are indicated by .

To access the APL 20-006, the 2020 FSR and MRR tools, the Physical Accessibility Review Survey (PARS), and this 2021 checklist, please visit the Provider Resources page on the Alliance website at [www.alamedaalliance.org/providers/provider-resources](http://www.alamedaalliance.org/providers/provider-resources).

Thank you for your continued partnership. We appreciate you for all of your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

For questions regarding the site review process, please contact:

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## Table of Contents

WE ARE HERE TO HELP YOU!.....	1
FACILITY SITE REVIEW (FSR) .....	3
ACCESS/SAFETY.....	3
PERSONNEL.....	4
OFFICE MANAGEMENT.....	5
CLINICAL SERVICES – PHARMACEUTICAL SERVICES.....	6
CLINICAL SERVICES – LABORATORY SERVICES .....	7
CLINICAL SERVICES – RADIOLOGY SERVICES (IF APPLICABLE).....	7
PREVENTIVE SERVICES.....	7
INFECTIOUS CONTROL.....	8
MEDICAL RECORD REVIEW (MRR) .....	9
FORMAT .....	9
DOCUMENTATION.....	9
COORDINATION/CONTINUITY OF CARE.....	9
PEDIATRIC PREVENTIVE .....	10
ADULT PREVENTIVE.....	13
OB/COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) PREVENTIVE CRITERIA ...	16

## FACILITY SITE REVIEW (FSR)

Nurse reviewers are evaluating and reviewing office processes, policies and procedures, documented evidence of staff training, and maintenance of physical site.

☑	ACCESS/SAFETY
📄	1. Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance. If no accessible space, a written plan is in place to accommodate the member.
	2. Pedestrian ramps have a level landing at the top and bottom of the ramp.
	3. Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.
	4. Accessible passenger elevator or reasonable alternative for multilevel floor accommodation.
	5. Clear floor space for wheelchair in waiting area and exam room.
	6. Wheelchair-accessible restroom facilities.
	7. Wheelchair-accessible handwashing facilities or reasonable alternative.
	8. All patient areas, including floor/carpet, walls, and furniture, are neat, clean, and well maintained.
	9. Restrooms are clean and contain appropriate sanitary supplies.
📄	10. Evidence of staff training and/or safety information regarding nonmedical emergency procedures (e.g., fire safety and prevention, site evacuations, workplace violence). Have sign-in sheets available at time of audit.
	11. Lighting is adequate in all areas to ensure safety.
	12. <b>CE Exit doors and aisles are unobstructed and egress (escape) accessible.</b> <a href="http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37">www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37</a>
	13. Exit doors are clearly marked with "Exit" signs.
	14. Clearly diagrammed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs, and exits.
	15. Electrical cords and outlets are in good working condition.
	16. Firefighting equipment in accessible locations. At least one (1) of the following types of fire safety equipment are on site (e.g., mounted, fully charged, and operable fire extinguisher; smoke detector; automatic sprinkler system). <a href="http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157">www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157</a>
<b>NEW</b>	17. An employee alarm system. For those employers with 10 or fewer employees in a particular workplace, direct voice communication is an acceptable procedure for sounding the alarm provided all employees can hear the alarm. The policy will be reviewed. <a href="http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37">www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37</a>
📄	18. Personnel are trained in procedures/action to be carried out in case of medical emergency on site.
	19. Emergency equipment is stored together in an easily accessible location and is ready to be used.
📄	20. Emergency phone numbers are posted (includes, but not limited to, 911; poison control; local police/sheriff, fire, and ambulance; emergency contacts). The list shall be <u>dated and updated annually</u> .
<b>NEW</b>	21. <b>CE Airway management: oxygen delivery system, nasal cannula or mask, <u>bulb syringe</u>, and Ambu bag as appropriate to patient population served.</b>
<b>NEW</b>	22. <b>CE Minimum equipment based on the patient population served, includes <u>emergency medicine such as asthma, chest pain, hypoglycemia</u>, and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25mg (oral) or Benadryl 50 mg/ml (injectable), <u>Naloxone, chewable Aspirin 81 mg*</u>, Nitroglycerine spray/tablet, <u>bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose</u>. Appropriate sizes of ESIP needles/syringes and alcohol wipes are available on site.  <a href="http://www.aafp.org/afp/2007/0601/p1679.html">www.aafp.org/afp/2007/0601/p1679.html</a>        *Chewable Aspirin only comes in 81mg. 325mg dose is acceptable as long as it is not enteric-coated or micro-coated Aspirin so as not to impede fast absorption. Most adults will require four (4) doses of the 81mg chewable Aspirin.</b>
📄	23. Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.
📄	24. Process in place to document checking of emergency equipment/supplies for expiration and operating status at least monthly (including fullness of oxygen tank).
	25. Process in place to replace/restock emergency equipment immediately after use.

☑	<b>ACCESS/SAFETY</b>
	26. Medical equipment is clean.
📄	27. Written documentation demonstrates the appropriate maintenance of all medical equipment according to manufacturer's guidelines (e.g., annual calibration and monthly controls).

☑	<b>PERSONNEL</b>
📄	1. All required professional licenses and certifications, issued from the appropriate licensing/certification agency, are current
📄	2. Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board, and that the Physician Assistant(s) is licensed and regulated by the Physician Assistant Committee. <a href="http://www.mbc.ca.gov">www.mbc.ca.gov</a> and/or <a href="https://pab.ca.gov">https://pab.ca.gov</a> <a href="http://www.mbc.ca.gov/Licensees/Notices/Notice_to_Consumers.aspx">www.mbc.ca.gov/Licensees/Notices/Notice_to_Consumers.aspx</a> <a href="http://www.pab.ca.gov/consumers/notice.pdf">www.pab.ca.gov/consumers/notice.pdf</a>
	3. Health care personnel wear identification badges/tags printed with name and title.
	4. <b>CE 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>NEW</b>	7. Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.
📄 <b>NEW</b>	8. Scope of practice for Non-Physician Medical Practitioners (NPMP) is clearly defined (if applicable). <ol style="list-style-type: none"> <li>Standardized Procedures for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM) are available on site.</li> <li>A <u>Practice Agreement</u> defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician.  <a href="http://pab.ca.gov">pab.ca.gov</a></li> <li>Standardized Procedures, Practice Agreements, and Supervisory Guidelines are revised, updated, and signed by the supervising physician and NPMP when changes in scope of services occur.</li> <li>Each NPMP who prescribes controlled substances has a valid DEA Registration Number.</li> </ol>
📄 <b>NEW</b>	9. Non-Physician Medical Practitioners (NPMP) are supervised according to established standards: <ol style="list-style-type: none"> <li>The designated supervising or backup physician is always available in person or by electronic communication when a NPMP is caring for patients.</li> <li>The ratio of the designated supervising physician(s) on site to the number of non-physician mid-level practitioners (NPMPs) does not exceed established ratios in any combination.           <ul style="list-style-type: none"> <li>1:4 Certified Nurse Midwives</li> <li>1:4 Nurse Practitioners</li> <li>1:4 Physician Assistants</li> </ul> </li> <li><u>Evidence of Non-Physician Medical Practitioner (NPMP) supervision.</u></li> </ol>
📄 <b>NEW</b>	10. Documentation of site personnel receiving safety training and information for the following (have sign-in sheets available at the time of audit): <ol style="list-style-type: none"> <li>Infection control/universal precautions (annually)</li> <li>Blood-borne pathogens exposure prevention (annually)</li> <li>Biohazardous waste handling (annually)</li> <li>Child/Elder/Domestic Violence Abuse</li> <li>Patient confidentiality</li> <li>Informed consent, including human sterilization</li> <li>Prior authorization requests</li> <li>Grievance/complaint procedure</li> <li>Sensitive services/minors' rights</li> <li>Health plan referral process/procedures/resources</li> <li><u>Cultural and linguistics</u>  <a href="http://www.health.pa.gov/topics/Documents/Health%20Equity/CLAS%20Standards%20FactSheet.pdf">www.health.pa.gov/topics/Documents/Health%20Equity/CLAS%20Standards%20FactSheet.pdf</a></li> </ol>

☑	<b>OFFICE MANAGEMENT</b>
📄	1. Clinic office hours are posted or readily available upon request.
📄	2. Physician office hour schedules are available to staff.
	3. Arrangement/schedule for after-hours, on-call, supervisory backup physician coverage is available to site staff.
📄	4. Contact information for off-site physician(s) is available at all times during office hours.
	5. After-hours emergency care instructions/telephone information is 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 phone calls.
	8. Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.
	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 preventive screening appointments.
📄	11. There is a process in place verifying follow-up on missed and canceled appointments.
📄	12. Interpreter services are made available 24 hours, 7 days a week in identified threshold languages specified for location of site. Signage is visible. <a href="http://www.alamedaalliance.org/providers/provider-resources/language-access">www.alamedaalliance.org/providers/provider-resources/language-access</a>
📄 <b>NEW</b>	13. Persons providing language interpreter services, including sign language on site, are trained in medical interpretation. <u>A written policy is in place.</u> When using site personnel as interpreters: Assessment of ability, training on interpreter ethics and standards, and clear policies that delineate appropriate use of bilingual staff, staff or contract interpreters, and translators, will help ensure quality and effective use of resources. <a href="http://www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english">www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english</a>
📄	14. Office practice procedures allow timely provision and tracking of internal and external referrals, consultant reports, and diagnostic test results.
	15. <b>CE Physician review and follow-up of referral/consultation reports and diagnostic test results.</b>
📄	16. Phone number(s) for filing grievances/complaints are located on site. The following toll-free numbers are available: <ul style="list-style-type: none"> <li>• DMHC Help Center: <b>1.888.466.2219</b></li> <li>• Ombudsman: <b>1.888.452.8609</b></li> </ul>
📄	17. Complaint forms and a copy of the grievance procedure(s) are available on site. <a href="http://www.alamedaalliance.org/members/grievances-appeals">www.alamedaalliance.org/members/grievances-appeals</a>
	18. Medical records are readily retrievable for scheduled patient encounters.
	19. Medical documents are filed in a timely manner to ensure availability for patient encounters.
	20. Exam rooms and dressing areas safeguard patients' right to privacy.
	21. Procedures are followed to maintain the confidentiality of personal patient information.
📄	22. Medical record release procedures are compliant with state and federal guidelines.
📄	23. Storage and transmittal of medical records preserves confidentiality and security (e.g., confidentiality statement on fax cover pages; confidentiality agreement with housekeeper if they have access to medical records, etc.).
<b>NEW</b>	24. Both adult and pediatric medical records are retained for a <u>minimum of 10 years.</u>

☑	<b>CLINICAL SERVICES – PHARMACEUTICAL SERVICES</b>
	1. Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.
	2. Prescription, sample, and over-the counter drugs; hypodermic needles/syringes, all sharp instruments; and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic. <a href="http://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en">www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en</a>
	3. Controlled drugs are stored in a locked space accessible only to authorized personnel.
📄	4. A dose-by-dose controlled substance distribution log is maintained (if applicable).
NEW	5. Written site-specific policy/procedure for dispensing of sample drugs is available on site. A list of dispensed and administered medications shall be present on site. <a href="http://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en">www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en</a>
	6. Drugs are prepared in a clean area, or “designated clean” area if prepared in a 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 drugs.
NEW	9. Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit). <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>
	10. Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at time of site visit).
NEW	11. Site utilizes drugs/vaccine storage units that are able to maintain required temperature. CDC recommends using purpose-built units designed to either refrigerate or freeze (can be compact, under-the-counter style, or large stand-alone household units), and are dedicated to storage of biologics. These recommendations apply to both temporary and long-term storage refrigerators and freezers. Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. <a href="https://eziz.org/vaccine-storage">https://eziz.org/vaccine-storage</a> <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a> <a href="http://www.fda.gov/vaccines-blood-biologics/vaccines/questions-about-vaccines">www.fda.gov/vaccines-blood-biologics/vaccines/questions-about-vaccines</a> <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html</a> <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>
NEW	12. Daily temperature readings of drugs/vaccine refrigerator and freezer are documented. <u>A Digital Data Logger (DDL) monitoring is required for each unit. A backup device is available.</u>
NEW	13. There is a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer. Staff is able to verbalize the plan. <a href="http://eziz.org/assets/docs/IMM-1122.pdf">http://eziz.org/assets/docs/IMM-1122.pdf</a> <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>
	14. Drugs are stored separately from test reagents, germicides, disinfectants, and other household substances.
	15. Hazardous substances are appropriately labeled.
📄	16. Process in place for drug and hazardous substance disposal.
	17. There are no expired drugs on site. Multi-dose vials are labeled with date opened and expiration (according to manufacturer ‘beyond-use date’).
📄	18. Process in place to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.
	19. All stored and dispensed prescription drugs are appropriately labeled.
	20. <b>CE Only lawfully authorized persons dispense drugs to patients.</b>
NEW	21. <b>CE Drugs and vaccines are prepared and drawn only prior to administration.</b>
📄	22. Current Vaccine Information Sheets (VIS) for distribution to patients are present on site. <a href="http://www.cdc.gov/vaccines/pubs/vis/default.htm">www.cdc.gov/vaccines/pubs/vis/default.htm</a> <a href="http://www.eziz.org">www.eziz.org</a>
📄	23. If there is a pharmacy on site, it is licensed by the California State Board of Pharmacy.
NEW	24. Site utilizes California Immunization Registry (CAIR) or the most current version. <a href="http://cairweb.org/join-cair">cairweb.org/join-cair</a> <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf</a>

<input checked="" type="checkbox"/>	<b>CLINICAL SERVICES – LABORATORY SERVICES</b>
	1. Laboratory test procedures are performed according to current site-specific CLIA certificate. <a href="http://www.cms.gov">www.cms.gov</a> <a href="http://www.fda.gov">www.fda.gov</a> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index">www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index</a>
	2. Testing personnel performing clinical lab procedures have been trained.
	3. Lab supplies (e.g., vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.
	4. Lab test supplies have not expired.
	5. Process in place to check expiration date and a method to dispose of expired lab test supplies.
<input checked="" type="checkbox"/>	<b>CLINICAL SERVICES – RADIOLOGY SERVICES (IF APPLICABLE)</b>
 <b>NEW</b>	1. Site has a current California Radiologic Health Branch Inspection Report (in the last five (5) years) or <u>Proof of Registration</u> if there is radiological equipment on site. <a href="http://www.cdph.ca.gov/rhb">www.cdph.ca.gov/rhb</a>
	2. The following documents are posted on site: <ol style="list-style-type: none"> <li>a. Current copy of Title 17 with a posted notice about availability of Title 17 and its location.</li> <li>b. “Radiation Safety Operating Procedures” posted in highly visible location.</li> <li>c. “Notice to Employees Poster” posted in highly visible location.</li> <li>d. “Caution, X-ray” sign posted on or next to door of each room that has X-ray equipment.</li> <li>e. Physician Supervisor/Operator certificate posted and within current expiration date.</li> <li>f. Technologist certificate posted and within current expiration date.</li> </ol>
	3. The following radiological protective equipment is present on site: <ol style="list-style-type: none"> <li>a. Operator protection devices: Radiological equipment operators must use lead apron or lead shield.</li> <li>b. Gonadal shield (0.5 mm or greater lead equivalent): For patient procedures in which gonads are in direct beam.</li> </ol>
<input checked="" type="checkbox"/>	<b>PREVENTIVE SERVICES</b>
	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 size cuffs (e.g., child, adult, obese/thigh).
	4. Thermometer with a numeric reading.
	5. Scales: Standing balance beam and infant scales.
	6. Measuring devices for stature (height/length) measurement and head circumference measurement. If seeing patients under 21 years of age, height measuring device must be right angle, rigid, and wall-mounted.
	7. Basic exam equipment: Percussion hammer, tongue blades, patient gowns.
<b>NEW</b>	8. Eye charts (literate and illiterate) and occluder for vision testing. Wall-mounted charts are height adjustable. Proper use of heel line. <u>For Pediatrics: AAP-approved optotypes include Snellen, HOTV, and LEA.</u>
	9. Ophthalmoscope.
	10. Otoscope with adult and pediatric ear speculums.
<b>NEW</b>	11. A pure tone, air conduction audiometer in quiet location for testing. <u>Required for pediatric preventive services.</u>
	12. Health education materials and Plan-specific resource information are: <ol style="list-style-type: none"> <li>a. Readily accessible 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 area of site location.</li> </ol> <a href="http://www.alamedaalliance.org/providers/patient-health-wellness-education">www.alamedaalliance.org/providers/patient-health-wellness-education</a>

☑	<b>INFECTION CONTROL</b>
	1. Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for handwashing.
	2. A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.
📄	3. Site has procedure for effectively isolating infectious patients with potential communicable conditions. <a href="http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a>
	4. <b>CE</b> Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use. PPE includes water-repelling gloves, clothing barrier/gown, face/eye protection (e.g., goggles/face shield), and respiratory infection protection (e.g., mask).
	5. <b>CE</b> Needle-stick safety precautions are practiced on site. (Only safety needles and wall-mounted/secured sharps containers are used on site, sharps containers are not overfilled, etc.)
📄	6. All sharp injury incidents are documented (e.g., copy of form and log). <a href="http://www.osha.gov/needlesticks/needlefaq.html">www.osha.gov/needlesticks/needlefaq.html</a>
	7. <b>CE</b> Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate <i>leak-proof, labeled</i> containers for collection, handling, processing, storage, transport, or shipping. <a href="http://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx">www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx</a> <a href="http://www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/MedicalWasteManagementAct.pdf">www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/MedicalWasteManagementAct.pdf</a>
	8. Biohazardous (non-sharp) wastes are contained separately 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 securely maintained and inaccessible to unauthorized persons.
📄 <b>NEW</b>	11. Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to <u>a central location of accumulation in limited quantities (up to 35.2 pounds)</u> . Service contract and pickup receipts must be kept on site.
	12. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.
📄	13. Routine cleaning and decontamination of equipment/work surfaces are completed according to site-specific written schedule.
📄	14. Disinfectant solutions used on site: <ol style="list-style-type: none"> <li>Are approved by the Environmental Protection Agency (EPA).</li> <li>Are effective in killing HIV/HBV/TB.</li> <li>Follow manufacturer instructions. Staff is familiar with contact/kill time, reconstitution, etc.</li> </ol>
📄	15. Written site-specific policy/procedures or manufacturer's Instructions for instrument/equipment sterilization are available to staff.
📄	16. Staff adheres to site-specific policy and/or manufacturer/product label directions for cleaning reusable instruments/equipment prior to sterilization.
📄 <b>NEW</b>	17. Cold sterilization/high level disinfection: Staff adheres to site-specific policy and/or manufacturer/product label directions: <ol style="list-style-type: none"> <li>Confirmation from manufacturer item(s) is heat sensitive.</li> <li><b>CE</b> Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.</li> <li><b>CE</b> Appropriate PPE, exposure control plan, MSDS, and cleanup instructions in the event of a cold chemical sterilant spill are available.</li> </ol> <a href="http://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html">www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html</a> <a href="http://www.oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control">www.oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control</a>
📄 <b>NEW</b> <b>NEW</b> <b>NEW</b> <b>NEW</b>	18. Autoclave/steam sterilization: Staff adheres to site-specific policy and/or manufacturer/product label directions. <ol style="list-style-type: none"> <li><u>Staff demonstrate/verbalize necessary steps/process to ensure sterility.</u></li> <li><u>Autoclave maintenance per manufacturer's guidelines.</u></li> <li><b>CE</b> Spore testing of autoclave/steam sterilizer with documented results (monthly).</li> <li><b>CE</b> Management of positive mechanical, chemical, and biological indicators of the sterilization process.</li> <li>Sterilization packages are labeled with sterilization date and load identification information.</li> <li><u>Storage of sterilized packages.</u></li> </ol> <a href="http://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html">www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html</a> <a href="http://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html">www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html</a>



## MEDICAL RECORD REVIEW (MRR)

Nurse reviewers are evaluating and reviewing documentation and processes of the criteria included in the medical record review survey.

<input checked="" type="checkbox"/>	<b>FORMAT</b>
	1. Member identification is on each page.
	2. Individual personal biographical information is documented.
	3. Emergency “contact” is identified.
	4. Medical records are maintained and organized.
	5. Member’s assigned and/or rendering primary care provider (PCP) is identified. (ID card or eligibility printout is available.)
	6. Primary language and linguistic service needs of non- or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted. <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf</a>
<b>NEW</b>	7. Person or entity providing medical interpretation is identified. <a href="http://www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national">www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national</a> <a href="http://www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english">www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english</a>
<b>NEW</b>	8. Signed copy of the Notice of Privacy. <a href="http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html">www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html</a>

<input checked="" type="checkbox"/>	<b>DOCUMENTATION</b>
	1. Allergies are prominently noted.
	2. Chronic problems and/or significant conditions are listed.
	3. Current continuous medications are listed.
<b>NEW</b> <b>NEW</b>	4. Appropriate consents are present: <ol style="list-style-type: none"> <li>Consent for treatment.</li> <li>Release of medical records.</li> <li>Informed consent for invasive procedures.</li> </ol>
<b>NEW</b>	5. Advance Health Care Directive information is offered (adults 18 years of age or older, emancipated minors). This is documented in the medical record and <u>reviewed at least every five (5) years</u> .
	6. All entries are signed, dated, and legible. <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf">www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf</a>
	7. Errors are corrected according to legal medical documentation standards.

<input checked="" type="checkbox"/>	<b>COORDINATION/CONTINUITY OF CARE</b>
	1. History of present illness or reason for visit is documented.
	2. Working diagnoses are consistent with findings.
	3. Treatment plans are consistent with diagnoses.
	4. Instruction for follow-up care is documented in all visits (e.g., RTC in one year for CPE, RTN, PRN).
	5. Unresolved/continuing problems are addressed in subsequent visit(s).
	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
	<p>1. <b>Initial Health Assessment (IHA)</b> includes:</p> <ul style="list-style-type: none"> <li>a. Comprehensive History and Physical (H&amp;P) — completed within 120 days of the effective date of enrollment into the Plan or documented within the 12 months prior to Plan enrollment; AND</li> <li>b. Individual Health Education Behavioral Assessment (IHEBA) or Staying Healthy Assessment (SHA) Tool — completed within 120 days from enrollment (with intervention codes/dates/initials) and reviewed annually (with dates/initials).</li> </ul> <p><a href="http://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf">brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf</a>  <a href="http://www.aap.org/en-us/Documents/periodicity_schedule.pdf">www.aap.org/en-us/Documents/periodicity_schedule.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx">www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</a></p>
	<p>2. <b>Subsequent Comprehensive Health Assessment:</b></p> <ul style="list-style-type: none"> <li>a. Comprehensive H&amp;P — completed at age-appropriate frequency; AND</li> <li>b. Subsequent periodic IHEBA or SHA tool.</li> </ul> <p><a href="http://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf">brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf</a>  <a href="http://www.aap.org/en-us/Documents/periodicity_schedule.pdf">www.aap.org/en-us/Documents/periodicity_schedule.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx">www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf">www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf</a></p>
	<p>3. <b>Well-Child:</b> Medi-Cal patients shall receive age-appropriate physical exams according to the American Academy of Pediatrics (AAP) schedule.</p> <p><a href="http://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx">www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx</a></p>
NEW	<p>4. <b>Alcohol/Drug Misuse:</b> Screening and behavioral counseling (per AAP, screen all children 11 years of age and older — see Adolescent SHA Q23 - 26 or Adult SHA Q19). If patient answered “yes” to the alcohol question in the IHEBA/SHA or at any time the PCP identifies a potential alcohol misuse problem, then the provider shall complete the following, when applicable:</p> <ul style="list-style-type: none"> <li>a. Use screening tools, e.g., AUDIT-C.</li> <li>b. Refer to county programs for evaluation and treatment.</li> <li>c. Offer behavioral counseling interventions.</li> </ul> <p><a href="http://www.aap.org/en-us/documents/periodicity_schedule.pdf">www.aap.org/en-us/documents/periodicity_schedule.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions</a>      Bright Futures recommended assessment tool is available at <a href="http://craftt.org">craftt.org</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf</a> (or current version)</p>
NEW	<p>5. <b>Anemia Screening:</b> Risk assessment or screening at 4, 15, 18, 24, 30 months, and 3 years of age, then annually thereafter; and serum hemoglobin at 12 months.</p> <p><a href="http://www.aap.org/en-us/documents/periodicity_schedule.pdf">www.aap.org/en-us/documents/periodicity_schedule.pdf</a></p>
NEW	<p>6. <b>Anthropometric Measurements:</b> Height and weight are documented at each well-child exam. Include head circumference for infants up to 24 months. Measurements are plotted on appropriate growth charts.</p> <ul style="list-style-type: none"> <li>• Use the <b>WHO growth standards</b> to monitor growth for infants and children 0 to 2 years of age in the U.S.</li> <li>• Use the <b>CDC growth charts</b> for children 2 years of age and older in the U.S.</li> </ul> <p><a href="http://www.cdc.gov/growthcharts">www.cdc.gov/growthcharts</a></p>
	<p>7. <b>Anticipatory Guidance:</b> Includes age-appropriate counseling/health education provided to parent and/or pediatric member.</p> <p><a href="http://brightfutures.aap.org/Bright%20Futures%20Documents/Anticipatory%20Guidance.pdf">brightfutures.aap.org/Bright%20Futures%20Documents/Anticipatory%20Guidance.pdf</a></p>
NEW	<p>8. <b>Autism Spectrum Disorder Screening:</b> Screenings at 18 months and 24 months. The Autism Spectrum Disorder Screening tools that may be used are:</p> <ul style="list-style-type: none"> <li>a. Ages and Stages Questionnaires (ASQ).</li> <li>b. Communication and Symbolic Behavior Scales (CSBS).</li> <li>c. Parents' Evaluation of Developmental Status (PEDS).</li> <li>d. Modified Checklist for Autism in Toddlers (MCHAT).</li> <li>e. Screening Tool for Autism in Toddlers and Young Children (STAT).</li> </ul> <p><a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf</a></p>

☑	PEDIATRIC PREVENTIVE
NEW	<p>9. <b>Blood Lead Testing and Education:</b> <u>Educate on lead exposure prevention at each well-child visit from 6 months to 6th birthday.</u> At 12 months and 24 months, complete blood lead test. If no documented testing between 24 months and 72 months, complete a baseline blood lead test. <u>Signed statement of voluntary refusal is documented.</u>  <a href="http://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm">www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm</a>  <a href="http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf">www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf</a>  <a href="http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf">www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf</a>  <a href="http://www.cdph.ca.gov/Programs/ccdphp/deodc/clppb/pages/prov.aspx">www.cdph.ca.gov/Programs/ccdphp/deodc/clppb/pages/prov.aspx</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2020/APL20-016.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2020/APL20-016.pdf</a></p>
NEW	<p>10. <b>Blood Pressure Screening:</b> Screening starting at 3 years of age.  <a href="http://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf">brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf</a>  <a href="http://www.aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx">www.aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx</a></p>
NEW NEW NEW	<p>11. <b>Dental Assessment:</b> Inspection of the mouth, teeth, and gums is performed at every well visit.  <a href="http://pediatrics.aappublications.org/content/134/3/626">pediatrics.aappublications.org/content/134/3/626</a>  <a href="http://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf">www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-carries-in-children-from-birth-through-age-5-years-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-carries-in-children-from-birth-through-age-5-years-screening</a></p> <p>a. <b>Dental Home</b> – Establish a dental home by 12 months and referral to a dentist annually regardless of whether a dental problem is detected or suspected.  <a href="http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx">www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx</a></p> <p>b. <b>Fluoride Supplementation</b> – Six (6) months to 16 years of age who are at high risk for tooth decay and whose primary drinking water has a low-fluoride concentration.  <a href="http://pediatrics.aappublications.org/content/134/3/626">pediatrics.aappublications.org/content/134/3/626</a>  <a href="http://pediatrics.aappublications.org/content/134/6/1224">pediatrics.aappublications.org/content/134/6/1224</a></p> <p>c. <b>Fluoride Varnish</b> – Younger than six (6) years of age once teeth have erupted.  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2007/MMCDAPL07008.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2007/MMCDAPL07008.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/Search/dental%20screening">www.uspreventiveservicestaskforce.org/Search/dental%20screening</a></p>
NEW	<p>12. <b>Depression Screening:</b></p> <p>a. <b>Adolescents</b> – 12 years of age and older, annually using PHQ-2, PHQ-9, or other tools (SHA is not a valid screening tool).</p> <p>b. <b>Maternal Depression Screening</b> – At 1-, 2-, 4-, and 6-month-old well-baby visits.  <a href="http://pediatrics.aappublications.org/content/126/5/1032">pediatrics.aappublications.org/content/126/5/1032</a>  <a href="http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf">www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf</a>  <a href="http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/MaternalDepressionScreeningGuidance.pdf">www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/MaternalDepressionScreeningGuidance.pdf</a>  <a href="http://www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/postpartum-depression">www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/postpartum-depression</a>  <a href="http://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf">www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening</a>  <a href="http://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression">www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression</a></p>
NEW	<p>13. <b>Developmental Disorder Screening:</b> For developmental disorders at the 9-, 18-, and 30-month well-child visits (30-month screening could be done at 24 months) using standardized developmental screening tools.  <a href="http://pediatrics.aappublications.org/content/118/1/405">pediatrics.aappublications.org/content/118/1/405</a></p>
	<p>14. <b>Developmental Surveillance:</b> At every well-care visit.  <a href="http://pediatrics.aappublications.org/content/118/1/405">pediatrics.aappublications.org/content/118/1/405</a></p>
NEW	<p>15. <b>Dyslipidemia Screening:</b> Risk assessment at 2, 4, 6, and 8 years of age, then annually thereafter; order one (1) lipid panel between 9 and 11, and again at 17 and 21 years of age.  <a href="http://brightfutures.aap.org/Pages/default.aspx">brightfutures.aap.org/Pages/default.aspx</a>  <a href="http://www.nhlbi.nih.gov/node/80308">www.nhlbi.nih.gov/node/80308</a></p>
NEW	<p>16. <b>Folic Acid Supplementation:</b> 0.4 to 0.8mg (400 to 800ug) of folic acid once menses have started.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication</a></p>

☑	PEDIATRIC PREVENTIVE
	17. <b>Hearing Screening:</b> At each well visit. <a href="http://www.aap.org/en-us/documents/periodicity_schedule.pdf">www.aap.org/en-us/documents/periodicity_schedule.pdf</a>
<b>NEW</b>	18. <b>Hepatitis B Screening:</b> Screen for risk of acquiring hepatitis B virus (HBV). Test patient for HBV if: <ul style="list-style-type: none"> <li>• Born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.</li> <li>• Born in Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.</li> <li>• HIV+, IV drug users, men who have sex with men (MSM), household contact with HBV infected individuals.</li> </ul> <a href="http://www.cdc.gov/hepatitis/hbv/index.htm">www.cdc.gov/hepatitis/hbv/index.htm</a> <a href="http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm">www.cdc.gov/hepatitis/hbv/hbvfaq.htm</a>
<b>NEW</b>	19. <b>HIV Screening:</b> Risk assessment shall be completed at each well-child visit starting at 11 years old. Those at high risk (i.e., sexually active, having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, MSM, IV drug users) shall be tested for HIV and offered pre-exposure prophylaxis (PrEP). Test for HIV infection at least once between 15-18 years of age. <a href="https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf">https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis">www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis</a>
<b>NEW</b>	20. <b>Intimate Partner Violence Screening (IPV):</b> Patients 0 to 21 years of age shall be screened at each well visit using the Adverse Childhood Experience (ACE) tools recommended by the Centers for Disease Control or other screening tools that assess for presence of both physical and emotional abuse of the parent/caregiver/patient. <a href="http://pediatrics.aappublications.org/content/125/5/1094">pediatrics.aappublications.org/content/125/5/1094</a> <a href="http://www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Child-Parent-Caregiver-Report-Identified-English.pdf">www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Child-Parent-Caregiver-Report-Identified-English.pdf</a> <a href="http://www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Teen-Self-Report-Identified-English.pdf">www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Teen-Self-Report-Identified-English.pdf</a> <a href="http://www.acesaware.org/wp-content/uploads/2020/02/ACE-Questionnaire-for-Adults-Identified-English.pdf">www.acesaware.org/wp-content/uploads/2020/02/ACE-Questionnaire-for-Adults-Identified-English.pdf</a> <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening</a>
	21. <b>Nutrition Assessment/Breast Feeding Support.</b> Based on problems/conditions identified, nutritionally at-risk children under five (5) years of age are referred to WIC.
<b>NEW</b>	22. <b>Obesity Screening:</b> Body mass index (BMI) percentile is plotted on an appropriate CDC growth chart for each well-child exam starting at two (2) years of age. <u>Screen for overweight (BMI <math>\geq</math> 25) and obesity (BMI <math>\geq</math> 30) in children and adolescents six (6) years of age and older, and offer/refer to comprehensive, intensive behavioral interventions</u> (interventions in SHA or documentation in progress notes, i.e., “counseling for nutrition and physical activity” meet the criteria). <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening</a> <a href="http://www.cdc.gov/obesity/resources/strategies-guidelines.html">www.cdc.gov/obesity/resources/strategies-guidelines.html</a>
<b>NEW</b>	23. <b>Psychosocial/ Behavioral Assessment.</b> At each well visit. <a href="http://pediatrics.aappublications.org/content/135/2/384">pediatrics.aappublications.org/content/135/2/384</a> <a href="http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339">pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339</a> <a href="http://www.aap.org/en-us/Documents/periodicity_schedule.pdf">www.aap.org/en-us/Documents/periodicity_schedule.pdf</a>
<b>NEW</b>	24. <b>Sexual Activity Assessment:</b> Starting at 11 years of age (see Adolescent SHA Q28-34, Adult SHA Q21-26). <ol style="list-style-type: none"> <li>a. Contraceptive Care – Discuss and document, if applicable.</li> <li>b. STI screening on all sexually active adolescents including chlamydia, gonorrhea, and syphilis (high-risk adolescents 15-21 years of age who are pregnant, MSM, or persons with HIV should be screened for syphilis).</li> </ol> <a href="http://pediatrics.aappublications.org/content/134/1/e302">pediatrics.aappublications.org/content/134/1/e302</a> <a href="http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/default.aspx">www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/default.aspx</a> <a href="http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/STI-Screening-Guidelines.aspx">www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/STI-Screening-Guidelines.aspx</a>
<b>NEW</b>	25. <b>Skin Cancer Behavior Counseling:</b> Six (6) months and older, especially with fair skin types. <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling">www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling</a>

☑	PEDIATRIC PREVENTIVE
<b>NEW</b>	<p>26. <b>Tobacco Product Use:</b> Screening, Prevention, and Cessation Services – 11 years of age and older annually with documented interventions, counseling, pharmacotherapy, etc., if high risk (see Adolescent SHA Q19-20 or Adult SHA Q17-18).  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2016/APL16-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2016/APL16-014.pdf</a> (or current version)</p>
	<p>27. <b>Tuberculosis (TB) Screening:</b> Risk exposure assessment at each well visit for all ages; TB skin test for those at high risk.  <a href="http://www.cdc.gov/tb/topic/testing/default.htm">www.cdc.gov/tb/topic/testing/default.htm</a>  <a href="http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf">www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf</a></p>
	<p>28. <b>Vision Screening:</b> At each well visit.  <a href="http://pediatrics.aappublications.org/content/137/1/e20153596">pediatrics.aappublications.org/content/137/1/e20153596</a>  <a href="http://www.aap.org/en-us/Documents/periodicity_schedule.pdf">www.aap.org/en-us/Documents/periodicity_schedule.pdf</a></p>
	<p>29. <b>Childhood Immunizations:</b> Given according to Advisory Committee on Immunization Practices (ACIP) guidelines.  <a href="http://www.cdc.gov/vaccines/acip/recommendations.html">www.cdc.gov/vaccines/acip/recommendations.html</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf</a></p>
	<p>30. <b>Vaccine Administration Documentation:</b> Name of vaccine, manufacturer, and lot number of each vaccine given is recorded in the medical record or on medication logs, including immunization registry.</p>
	<p>31. <b>Vaccine Information Statement (VIS) Documentation:</b> The date the VIS was given, and the VIS publication date are documented in the medical record.  <a href="http://www.cdc.gov/vaccines/hcp/vis">www.cdc.gov/vaccines/hcp/vis</a></p>

☑	ADULT PREVENTIVE
<b>NEW</b>	<p>1. <b>Initial Health Assessment (IHA)</b> includes:</p> <ul style="list-style-type: none"> <li>a. Comprehensive History and Physical (H&amp;P)*: Completed within 120 days of the effective date of enrollment into the Plan or documented within the 12 months prior to Plan enrollment; AND</li> <li>b. Individual Health Education Behavioral Assessment (IHEBA) or Staying Healthy Assessment (SHA) Tool — completed within 120 days from enrollment (with intervention codes/dates/initials) and reviewed annually (with dates/initials).</li> </ul> <p>*New Members: The history must be comprehensive to assess and diagnose acute and chronic conditions, which includes history of present illness; past medical history; social history, <u>review of organ systems including dental assessment</u>. Referrals for any abnormal findings must be documented.  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL%202008/PL08-003.PDF">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL%202008/PL08-003.PDF</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL2013/PL13-001.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL2013/PL13-001.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx">www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</a></p>
	<p>2. <b>Subsequent Comprehensive Health Assessment:</b></p> <ul style="list-style-type: none"> <li>a. Comprehensive H&amp;P – Completed at age-appropriate frequency; AND</li> <li>b. Subsequent Periodic IHEBA or SHA Tool.</li> </ul> <p><a href="http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx">www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf">www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf</a></p>
	<p>3. <b>Periodic Health Evaluation:</b> Completed according to most recent U.S. Preventive Services Task Force (USPSTF) guidelines.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf">www.uspreventiveservicestaskforce.org/uspstf</a></p>
<b>NEW</b>	<p>4. <b>Abdominal Aneurysm Screening:</b> For men 65-75 years of age who have ever smoked (100 cigarettes in their lifetime) are screened once at the earliest well visit by ultrasonography.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening</a></p>
<b>NEW</b>	<p>5. <b>Alcohol Misuse:</b> Screening and behavioral counseling (see Adult SHA Q19 or Senior SHA Q23). Anyone with potential misuse problem (and/or who answered “yes” to SHA question), provider shall:</p> <ul style="list-style-type: none"> <li>a. Refer to county program.</li> <li>b. Use AUDIT/C.</li> <li>c. Complete one expanded screening tool at least annually.</li> <li>d. Offer behavioral counseling.</li> </ul> <p><a href="http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm">pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2017/APL17-016.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2017/APL17-016.pdf</a> (or current version)  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions">www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions</a></p>

<input checked="" type="checkbox"/>	<b>ADULT PREVENTIVE</b>
	6. <b>Breast Cancer Screening:</b> Mammogram – For women starting at 50 years of age – up to the 75 <sup>th</sup> birthday, every 1-2 years. <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening</a>
	7. <b>Cervical Cancer Screening.</b> USPSTF recommends: <ul style="list-style-type: none"> <li>• Women 21-29 years of age: Cervical cytology alone every three (3) years.</li> <li>• Women 30-65 years of age:           <ul style="list-style-type: none"> <li>○ Every three (3) years – Cervical cytology alone;</li> <li>○ Every five (5) years with high-risk human papillomavirus (hrHPV) testing alone; OR</li> <li>○ Every five (5) years with hrHPV testing in combination with cytology (14 on testing).</li> </ul> </li> </ul> <b>PLEASE NOTE:</b> Screening is not needed for women over 65 years of age, if adequately screened before age 65; and women who have had their complete cervix removed. Documentation must be evident in the medical record. <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening</a>
<b>NEW</b>	8. <b>Colorectal Cancer Screening:</b> Starting at 45 years of age up to age 75. <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening</a>
<b>NEW</b>	9. <b>Depression Screening:</b> Per U.S. Preventive Services Task Force (USPSTF), screen all adults using the Patient Health Questionnaire (PHQ) in various forms, Hospital Anxiety and Depression Scales in adults, Geriatric Depression Scale in older adults, and the Edinburgh Postnatal Depression Scale (EPDS) for pregnant and postpartum women. Clinicians should offer or refer patients to intensive behavioral counseling interventions to promote a healthful diet and physical activity. <i>SHA forms when used solely for depression screening do not have psychometric properties and may not be reliable screening tools for depression.</i> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening</a>
<b>NEW</b>	10. <b>Diabetic Screening and Comprehensive Diabetic Care:</b> Patients who are 40-70 years of age who are overweight or obese are screened for glucose abnormalities by measuring HbA1c or fasting plasma glucose or with oral glucose tolerance test. Clinicians offer/refer intensive behavioral counseling interventions to promote a healthful diet and physical activity. <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes</a> <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf</a>
	11. <b>Dyslipidemia Screening and Statin Treatment:</b> Healthy adults 40-75 years of age shall have universal lipids screening at least every six (6) years. USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke), use a low- to moderate-dose statin for the prevention of CVD events and mortality, when <u>all</u> of the following criteria are met: <ol style="list-style-type: none"> <li>a. Ages 40 to 75 years</li> <li>b. One (1) or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking);</li> <li>c. A calculated 10-year risk of a cardiovascular event of 10% or greater.</li> </ol> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication</a>
<b>NEW</b>	12. <b>Folic Acid Supplementation:</b> All women capable of pregnancy should take a daily supplement of folic acid 0.4-0.8mg (400-800µg). <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication</a>
<b>NEW</b>	13. <b>Hepatitis B Screening:</b> Screen patients at each well visit for risk of acquiring hepatitis B virus (HBV). Test patient for HBV if: <ul style="list-style-type: none"> <li>• Born in Sub-Saharan Africa (Egypt, Algeria, Morocco, Libya, etc.).</li> <li>• Central and Southeast Asia (Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.).</li> <li>• HIV+, IV drug users, MSM, household contact, or sexual partners of persons with HBV infection.</li> </ul> <a href="http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm">www.cdc.gov/hepatitis/hbv/hbvfaq.htm</a>

☑	ADULT PREVENTIVE
NEW	<p>14. <b>Hepatitis C Screening:</b> Screen for hepatitis C virus (HCV) infection in adults 18-79 years of age. Screen individuals for risk factors and test for HCV if one (1) of the following risk factors is identified:</p> <ul style="list-style-type: none"> <li>• Born from 1945 through 1965, with current or history of IV drug use, received clotting factor concentrates produced before 1987.</li> <li>• On long-term hemodialysis, persistent abnormal ALT, HIV infection.</li> <li>• Received blood transfusion or organ transplant before July 1992.</li> <li>• Exposed to HCV-positive blood, born to mother with HCV, etc.</li> </ul> <p><a href="http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm">www.cdc.gov/hepatitis/hcv/guidelinesc.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening</a></p>
	<p>15. <b>High Blood Pressure Screening:</b> All patients 18 years of age and older.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening</a></p>
NEW	<p>16. <b>HIV Screening:</b> Risk assessment shall be completed at each well visit for patients 15 to 65 years of age. Those at risk regardless of age (i.e., having intercourse without a condom or with more than one (1) sexual partner whose HIV status is unknown, IV drug users, MSM) shall be tested for HIV and offered pre-exposure prophylaxis (PrEP).  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a></p>
NEW	<p>17. <b>Intimate Partner Violence Screening (IPV):</b> Women of reproductive age 21 years of age and older are screened and provided or referred to ongoing support services if positive at each well visit as part of a standardized component of a routine physical exam. Per USPSTF, the following instruments accurately detect IPV in the past year among adult women: Humiliation, Afraid, Rape, Kick (HARK); Hurt, Insult, Threaten, Scream (HITS); Extended–Hurt, Insult, Threaten, Scream (E-HITS); Partner Violence Screen (PVS); and Woman Abuse Screening Tool (WAST).  <a href="http://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html#frequent">www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html#frequent</a>  <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening</a></p>
NEW	<p>18. <b>Lung Cancer Screening:</b> Per USPSTF, screen annually with low-dose computed tomography for adults 50-80 years of age who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years. Discontinue screening if person has not smoked for 15 years or develops a health problem that limits life expectancy or ability or willingness to have curative lung surgery.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening</a></p>
NEW	<p>19. <b>Obesity Screening and Counseling:</b> Document (body mass index) BMI and weight. USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults (BMI 30 or above).  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions</a></p>
NEW	<p>20. <b>Osteoporosis Screening:</b> USPSTF recommends screening with bone measurement testing for women 65 years of age and older, or postmenopausal women younger than 65 years of age with one (1) of the following risk factors: parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening</a></p>
NEW	<p>21. <b>Sexually Transmitted Infection (STI) Screening:</b> Risk assessment shall be completed at each well visit (see Adult SHA Q22-26 or Senior SHA Q25-28) or as needed until 65 years of age, but continue after age 65, if risk is identified.</p> <ol style="list-style-type: none"> <li>Chlamydia and gonorrhea (test all sexually active women under 25 years of age, and older women who have new or multiple sex partners; test MSM regardless of condom use or persons with HIV shall be tested at least annually.)</li> <li>Syphilis (test MSM or persons with HIV shall be tested at least annually).</li> <li>Trichomonas (test sexually active women seeking care for vaginal discharge; sexually active with HIV shall be tested at least annually).</li> <li>Herpes (test sexually active men and women with genital symptoms that could be related to herpes).</li> </ol> <p><a href="http://www.cdc.gov/std/tg2015/screening-recommendations.htm">www.cdc.gov/std/tg2015/screening-recommendations.htm</a></p>
NEW	<p>22. <b>Sexually Transmitted Infection (STI) Counseling for High-Risk Adults:</b> See Adult SHA Q22-26 or Senior SHA Q25-28.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling">www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling</a></p>
NEW	<p>23. <b>Skin Cancer Behavioral Counseling:</b> For 24 years of age and younger, especially with fair skin types.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling">www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling</a></p>

☑	<b>ADULT PREVENTIVE</b>
<b>NEW</b>	<p>24. <b>Tobacco Use Counseling and Interventions:</b> Screen all adults per DHCS All Plan Letter. For anyone with high-risk answer on SHA Adult SHA Q17 or Senior SHA Q21 or anyone identified as a tobacco user, document:</p> <ul style="list-style-type: none"> <li>a. Initial and periodic assessment of tobacco use</li> <li>b. Rx for tobacco cessation medication</li> <li>c. Counseling</li> </ul> <p><a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf</a></p>
	<p>25. <b>Tuberculosis (TB) Screening:</b> TB risk factors upon enrollment and at periodic physical exams.</p> <p><a href="http://www.cdc.gov/tb/publications">www.cdc.gov/tb/publications</a>  <a href="http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf">www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening</a></p>
<b>NEW</b>	<p>26. <b>Adult Immunizations:</b> Given according to Advisory Committee on Immunization Practices (ACIP) guidelines. Td/Tdap, Influenza, Pneumococcal, Zoster, Varicella, and MMR.</p> <p><a href="http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf</a></p>
	<p>27. <b>Vaccine Administration Documentation:</b> Name of vaccine, manufacturer and lot number of each vaccine given is recorded in the medical record or on medication logs, including immunization registry.</p>
	<p>28. <b>Vaccine Information Statement (VIS) Documentation:</b> The date the VIS was given, and the VIS publication date are documented in the medical record.</p> <p><a href="http://www.cdc.gov/vaccines/hcp/vis">www.cdc.gov/vaccines/hcp/vis</a></p>

☑	<b>OB/COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) PREVENTIVE CRITERIA</b>
	<p><a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</a></p>
	<p>1. Initial Comprehensive Prenatal Assessment (ICA): Completed within four (4) weeks of entry to prenatal care.</p> <p><a href="http://custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/8a01c5b0dd744c0aa06f0dece9dec3f1.pdf">custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/8a01c5b0dd744c0aa06f0dece9dec3f1.pdf</a></p>
	<p>2. Obstetrical and Medical History (health, OB history, LMP, and EDD).</p>
	<p>3. Physical Exam: Includes breast and pelvic exam.</p>
<b>NEW</b>	<p>4. Dental Assessment</p> <p><a href="http://www.preedampsia.org/the-news/health-information/acog-recommends-routine-oral-health-assessment-at-first-prenatal-visit">www.preedampsia.org/the-news/health-information/acog-recommends-routine-oral-health-assessment-at-first-prenatal-visit</a></p>
<b>NEW</b>	<p>5. Lab Tests:</p> <ul style="list-style-type: none"> <li>a. <u>Bacteriuria Screening</u>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/asymptomatic-bacteriuria-in-adults-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/asymptomatic-bacteriuria-in-adults-screening</a></li> <li>b. Rh Incompatibility Screening  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/rh-d-incompatibility-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/rh-d-incompatibility-screening</a>  <a href="http://www.nhlbi.nih.gov/health-topics/rh-incompatibility">www.nhlbi.nih.gov/health-topics/rh-incompatibility</a></li> <li>c. <u>Diabetes Screening</u>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/gestational-diabetes-mellitus-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/gestational-diabetes-mellitus-screening</a></li> <li>d. Hepatitis B Virus Screening  <a href="http://www.cdc.gov/hepatitis/hbv/index.htm">www.cdc.gov/hepatitis/hbv/index.htm</a></li> <li>e. Chlamydia Infection Screening 24 years and younger  <a href="http://www.cdc.gov/std/tg2015/screening-recommendations.htm">www.cdc.gov/std/tg2015/screening-recommendations.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening</a></li> <li>f. <u>Syphilis Infection Screening</u>  <a href="http://www.cdc.gov/std/tg2015/screening-recommendations.htm">www.cdc.gov/std/tg2015/screening-recommendations.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening</a></li> <li>g. <u>Gonorrhea Infection Screening 24 years and younger</u>  <a href="http://www.cdc.gov/std/tg2015/screening-recommendations.htm">www.cdc.gov/std/tg2015/screening-recommendations.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening</a></li> </ul>



☑	<b>OB/COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) PREVENTIVE CRITERIA</b> <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</a>
<p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p>	<p>6. First Trimester Comprehensive Assessment:</p> <ul style="list-style-type: none"> <li>a. Individualized Care Plan (ICP)</li> <li>b. Nutrition Assessment</li> <li>c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment, substance use/abuse assessment</u></li> <li>d. Health Education Assessment</li> <li>e. <u>Preeclampsia Screening</u></li> <li>f. <u>Intimate Partner Violence Screening</u></li> </ul> <p><a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf</a>  <a href="http://www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf">www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening</a></p>
<p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p>	<p>7. Second Trimester Comprehensive Reassessment</p> <ul style="list-style-type: none"> <li>a. Individualized Care Plan (ICP) updated and follow-up</li> <li>b. Nutrition Assessment</li> <li>c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment, substance use/abuse assessment</u></li> <li>d. Health Education Assessment</li> <li>e. <u>Preeclampsia Screening</u></li> <li>f. <u>Intimate Partner Violence Screening</u></li> </ul> <p><a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf</a>  <a href="http://www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf">www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening</a></p>
<p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p>	<p>8. Third Trimester Comprehensive Reassessment</p> <ul style="list-style-type: none"> <li>a. Individualized Care Plan (ICP) updated and follow-up</li> <li>b. Nutrition Assessment</li> <li>c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment, substance use/abuse assessment</u></li> <li>d. Health Education Assessment</li> <li>e. <u>Preeclampsia Screening</u></li> <li>f. <u>Intimate Partner Violence Screening</u></li> <li>g. Screening for Strep B</li> <li>h. <u>Tdap Immunization</u></li> </ul> <p><a href="http://www.cdc.gov/vaccines/vpd/dtap-dtap-td/hcp/recommendations.html">www.cdc.gov/vaccines/vpd/dtap-dtap-td/hcp/recommendations.html</a>  <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf</a>  <a href="http://www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf">www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening</a></p>
	<p>9. Prenatal care visit periodicity according to most recent ACOG standards.</p>
<p><b>NEW</b></p>	<p>10. Influenza Vaccine  <a href="http://www.cdc.gov/flu/highrisk/pregnant.htm">www.cdc.gov/flu/highrisk/pregnant.htm</a></p>
	<p>11. Referral to WIC and assessment of infant feeding status.</p>

<input checked="" type="checkbox"/>	<b>OB/COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) PREVENTIVE CRITERIA</b> <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</a>
	12. HIV-related services offered. <a href="http://www.cdc.gov/std/tg2015/screening-recommendations.htm">www.cdc.gov/std/tg2015/screening-recommendations.htm</a> <a href="http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/prenatal-and-perinatal-human-immunodeficiency-virus-testing">www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/prenatal-and-perinatal-human-immunodeficiency-virus-testing</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a>
	13. AFP/genetic screening offered.
	14. Family planning evaluation.
<b>NEW</b>	15. Comprehensive Postpartum Assessments
	a. <u>Individualized Care Plan (ICP)</u>
<b>NEW</b>	b. Nutrition Assessment (includes mother and infant)
	c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment, substance use/abuse assessment</u>
<b>NEW</b>	d. Health Education Assessment
	e. Comprehensive physical exam completed and <u>within 12 weeks after delivery</u> <a href="http://www.acog.org/news/news-releases/2018/04/acog-redesigns-postpartum-care">www.acog.org/news/news-releases/2018/04/acog-redesigns-postpartum-care</a> <a href="http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care">www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care</a> <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-PostpartumAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-PostpartumAssessmentandCarePlan.pdf</a> <a href="http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice">www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice</a>

## We are here to help!

If you have any questions, please contact:

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 Monday – Friday, 8 am – 5 pm  
 Phone Number: **1.510.373.5748**  
 Email: [deptfacilitysitereview@alamedaalliance.org](mailto:deptfacilitysitereview@alamedaalliance.org)