

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


OVERVIEW

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 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, as well as the scoring of the FSR and MRR tools and standards as noted in **APL 22-017 – Primary Care Provider 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 review standards provide directions, instructions, rules, regulation parameters, and/or indicators for the provider office's 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 review, focused review, or monitoring visit shall be corrected by the provider within **10 business days**. 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 review report date.

All new DHCS criteria released in 2022 are noted as **NEW**. All updated criteria are underlined. Criteria requiring documentation or written policies and procedures for FSR are indicated by .

To access the most recent FSR and MRR tools and resources, Physical Accessibility Review Survey (PARS), and this checklist, please visit the Provider Resources page on the Alliance website at **www.alamedaalliance.org/providers/provider-resources** and click on Facility Site Review (FSR) and Medical Record Review (MRR).

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.

WE ARE HERE TO HELP YOU

For questions regarding the site review process, please contact:







Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.474.4510**
Email: **providerservices@alamedaalliance.org**

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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.

<input checked="" type="checkbox"/>	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. CE Exit doors and aisles are unobstructed and egress (escape) accessible. www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37
	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). www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157
NEW	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 site-specific policy will be reviewed. www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37
	18. Personnel are trained in procedures/actions to be carried out in case of a 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 (including, 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> .
NEW	21. CE Airway management: oxygen delivery system, nasal cannula or mask, <u>bulb syringe</u>, and Ambu bag as appropriate to patient population served. The oxygen delivery system must be able to regulate up to 6 LPM, maintained for a minimum of 15 minutes. Flow rate establishes a minimum total oxygen delivery capacity of 90 liters.
NEW	22. CE Minimum equipment based on the patient population served, includes <u>emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia. Epinephrine 1mg/mL (injectable), and Diphenhydramine (Benadryl) 25mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg*, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams).</u> Appropriate sizes of ESIP needles/syringes and alcohol wipes are available on site. *Chewable Aspirin only comes in 81 mg. 325 mg 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.
	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 medication, equipment, and supplies for expiration and operating status at least monthly (including fullness of oxygen tank) may include log, checklist, or other appropriate method(s).

☑	ACCESS/SAFETY
	25. Process in place to replace/restock emergency medication, equipment and supplies immediately after use.
	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).


☑	PERSONNEL
📄	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. www.mbc.ca.gov and/or https://pab.ca.gov www.mbc.ca.gov/FAQs/?cat=Licenses&topic=Notice%20to%20Consumers%20Regulation www.pab.ca.gov/consumers/notice.pdf
	3. Health care personnel wear identification badges/tags printed with name and title.
📄	4. Documentation of education/training for non-licensed medical personnel is maintained on site. Education/training includes skin/venipuncture.
	5. CE Only qualified/trained personnel retrieve, prepare, or administer medications. www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Practice-Information/Medical-Assistants.aspx
📄 NEW	6. Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.
	7. Only qualified/trained personnel operate medical equipment. www.mbc.ca.gov/Download/Newsletters/newsletter-2015-10.pdf
📄 NEW	8. Scope of practice for Non-Physician Medical Practitioners (NPMP) is clearly defined (if applicable). a. Standardized Procedures for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM) are available on site. b. 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. www.pab.ca.gov c. Standardized Procedures, Practice Agreements, and Supervisory Guidelines are revised, updated, and signed by the supervising physician and NPMP when changes in the scope of services occur. d. Each NPMP who prescribes controlled substances has a valid DEA Registration Number.
📄 NEW	9. NPMP are supervised according to established standards: a. The designated supervising or backup physician is always available in person or by electronic communication when an NPMP is caring for patients. b. The ratio of the designated supervising physician(s) on-site to the number of NPMPs does not exceed established ratios in any combination. <ul style="list-style-type: none">• 1:4 Certified Nurse Midwives• 1:4 Nurse Practitioners• 1:4 Physician Assistants (per shift in any given location) c. <u>Evidence of NPMP supervision.</u>
📄	10. Documentation of site personnel receiving safety training and information for the following: a. Infection control/universal precautions (annually) b. Blood-borne pathogens exposure prevention (annually) c. Biohazardous waste handling (annually) d. Child/Elder/Domestic Violence Abuse e. Patient confidentiality f. Informed consent, including human sterilization g. Prior authorization requests h. Grievance/complaint procedure i. Sensitive services/minors' rights j. Health plan referral process/procedures/resources









☑	PERSONNEL
NEW	k. <u>Cultural and linguistics</u> www.health.pa.gov/topics/Documents/Health%20Equity/CLAS%20Standards%20FactSheet.pdf
NEW	l. <u>Disability rights and provider obligations:</u> <ul style="list-style-type: none"> • Post notice of consumers civil rights. • For sites with 15 or more employees, have civil rights grievance procedure and an employee designated to coordinate compliance. • Information on physical access and reasonable accommodations. www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf www.hhs.gov/sites/default/files/section-1557-final-rule-faqs.pdf www.hhs.gov/sites/default/files/1557-fs-lep-508.pdf www.hhs.gov/sites/default/files/sample-ce-notice-english.pdf

☑	OFFICE MANAGEMENT
	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. Routine, urgent, and 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 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 a day in identified threshold languages specified for location of site. Signage is visible. www.alamedaalliance.org/providers/provider-resources/language-access
	13. Persons providing language interpreter services, including sign language on site, are trained in medical interpretation. Site personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities. A written policy is in place. www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english
NEW	14. Office practice procedures allow timely provision and tracking of internal and external referrals, consultant reports, and diagnostic test results.
	15. CE Physician review and follow-up of referral/consultation reports and diagnostic test results.
	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"> • Department of Managed Health Care (DMHC) Help Center: 1.888.466.2219 • Ombudsman: 1.888.452.8609
	17. Complaint forms and a copy of the grievance procedure(s) are available on site. www.alamedaalliance.org/providers/provider-resources/grievances-appeals
	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.

☑	OFFICE MANAGEMENT
📄	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.).
NEW	24. Both adult and pediatric medical records are retained for a <u>minimum of 10 years</u> .
☑	CLINICAL SERVICES – PHARMACEUTICAL SERVICES
	1. Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.
	2. Prescription, drug samples, and 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. www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en
	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. www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/anticoagulation/guidelines-minimum-standard-ambulatory-care-pharmacy.ashx?la=en&hash=ABF816352CAF1AB846B7C339A45AA74D80F820A6
	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 <u>36°-46° Fahrenheit</u> or <u>2°-8° Centigrade</u> (at time of site visit). www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
	10. Freezer thermometer temperature is <u>5° Fahrenheit</u> or <u>-15° Centigrade</u> , or lower (at time of site visit).
NEW	11. Site utilizes drugs/vaccine storage units that are able to maintain required temperature. Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. https://eziz.org/vaccine-storage www.cdc.gov/vaccines www.fda.gov/vaccines-blood-biologics/vaccines/questions-about-vaccines www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
NEW	12. Daily temperature readings of drugs/vaccine refrigerator and freezer are documented. CDC recommends use of continuous temperature monitoring device (data loggers). <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. www.cdc.gov/disasters/poweroutage/vaccinestorage.html www.eziz.org/assets/docs/IMM-1122.pdf www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
	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.
📄	18. Process in place to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas at least monthly.
	19. All stored and dispensed prescription drugs are appropriately labeled.
	20. CE Only lawfully authorized persons dispense drugs to patients.
NEW	21. CE Drugs and vaccines are prepared and drawn only prior to administration.
📄	22. Current Vaccine Information Sheets (VIS) for distribution to patients are present on site. www.cdc.gov/vaccines/pubs/vis/default.htm www.eziz.org

<input checked="" type="checkbox"/>	CLINICAL SERVICES – PHARMACEUTICAL SERVICES
	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. cairweb.org/join-cair www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf
<input checked="" type="checkbox"/>	CLINICAL SERVICES – LABORATORY SERVICES
	1. Laboratory test procedures are performed according to current site-specific Clinical Laboratory Improvement Amendments (CLIA) certificate. www.cms.gov www.fda.gov www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index Contact CDPH Laboratory Field Services at 1.510.620.3800 or LFSrecep@cdph.ca.gov for CLIA certification, laboratory license, or personnel questions.
	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"/>	CLINICAL SERVICES – RADIOLOGY SERVICES (IF APPLICABLE)
 NEW	1. Site has a current California Radiologic Health Branch Inspection Report (in the last five (5) years) and <u>proof of registration</u> if there is radiological equipment on site. www.cdph.ca.gov/rhb
	2. The following documents are posted on site: <ul style="list-style-type: none"> a. Current copy of Title 17 with a posted notice about availability of Title 17 and its location. b. "Radiation Safety Operating Procedures" posted in a highly visible location. c. "Notice to Employees Poster" posted in a highly visible location. d. "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment. e. Physician Supervisor/Operator certificate posted and within the current expiration date. f. Technologist certificate posted and within current expiration date.
	3. The following radiological protective equipment is present on site: <ul style="list-style-type: none"> a. Operator protection devices: Radiological equipment operators must use lead apron or lead shield. b. Gonadal shield (0.5 mm or greater lead equivalent): For patient procedures in which gonads are in direct beam.
<input checked="" type="checkbox"/>	PREVENTIVE SERVICES
	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. Basic exam equipment: Percussion hammer, tongue blades, patient gowns.
	6. Scales: Standing balance beam and infant scales.
	7. 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.
 NEW	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: American Academy of Pediatrics (AAP)-approved optotypes include:</u> <ul style="list-style-type: none"> • <u>Sloan letters (preferred) or Snellen letters (children over 5 years old and adults)</u> • <u>HOTV chart (children 3-5 years old)</u> • <u>LEA symbols (children 3-5 years old)</u>
	9. Ophthalmoscope.

<input checked="" type="checkbox"/>	PREVENTIVE SERVICES
	10. Otoloscope with adult and pediatric ear speculums.
NEW	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: <ul style="list-style-type: none"> a. Readily accessible 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 area of site location. www.alamedaalliance.org/providers/patient-health-wellness-education

<input checked="" type="checkbox"/>	INFECTION CONTROL
	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. www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
	4. CE 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. CE Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing, storage, transport, or shipping. www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/MedicalWasteManagementAct.pdf
	6. CE 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.)
	7. All sharp injury incidents are documented (e.g., copy of form and log). www.cdc.gov/niosh/topics/bbp/sharps.html
	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.
 NEW	11. Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds) . 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. There is a spill procedure.
	14. Disinfectant solutions used on site: <ul style="list-style-type: none"> a. Are approved by the Environmental Protection Agency (EPA). b. Are effective in killing HIV/HBV/TB. c. Follow manufacturer instructions. Staff is familiar with contact/kill time, reconstitution, etc.
	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.
 NEW	17. Cold sterilization/high level disinfection: Staff adheres to site-specific policy and/or manufacturer/product label directions: <ul style="list-style-type: none"> a. Confirmation from manufacturer item(s) is heat sensitive. b. CE Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment. Product efficacy tests (i.e. test strips) shall be performed according to manufacturer's guidelines. c. CE Appropriate PPE, exposure control plan, Material Safety Data Sheets, and cleanup instructions in the event of a cold chemical sterilant spill are available. www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html www.oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control

☑	INFECTION CONTROL
<div data-bbox="120 308 152 342"></div> <div data-bbox="107 344 165 399">NEW NEW</div> <div data-bbox="107 470 165 495">NEW</div> <div data-bbox="107 533 165 558">NEW</div>	<p>18. Autoclave/steam sterilization: Staff adheres to site-specific policy and/or manufacturer/product label directions.</p> <ul style="list-style-type: none"> a. <u>Staff demonstrate/verbalize necessary steps/process to ensure sterility.</u> b. <u>Autoclave maintenance per manufacturer's guidelines.</u> c. CE Spore testing of autoclave/steam sterilizer with documented results (at least monthly). Documentation of monthly spore testing must be maintained onsite even for sterilization that is performed offsite. d. CE Management of positive mechanical, chemical, and biological indicators of the sterilization process. e. Sterilization packages are labeled with sterilization date and load identification information. f. <u>Storage of sterilized packages.</u> <p>www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html</p>

MEDICAL RECORD REVIEW (MRR)

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

<input checked="" type="checkbox"/>	FORMAT
	1. Member identification is on each page.
	2. Individual personal biographical information is documented.
	3. Emergency “contact” is identified. Next of kin is not considered as an emergency contact.
	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. www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2017/APL17-011.pdf
NEW	7. Person or entity providing medical interpretation is identified. www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english
NEW	8. Signed copy of the Notice of Privacy. www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html

<input checked="" type="checkbox"/>	DOCUMENTATION
	1. Allergies are prominently noted.
	2. Chronic problems and/or significant conditions are listed.
	3. Current continuous medications are listed.
NEW	4. Appropriate consents are present: <ul style="list-style-type: none"> a. Release of medical records. b. Informed consent for invasive procedures.
NEW	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. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf
	7. Errors are corrected according to legal medical documentation standards.

<input checked="" type="checkbox"/>	COORDINATION/CONTINUITY OF CARE
	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. Initial Health Assessment (IHA) includes:</p> <ul style="list-style-type: none"> a. Comprehensive History and Physical (H&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 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). brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf www.aap.org/en-us/Documents/periodicity_schedule.pdf www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx
	<p>2. Subsequent Comprehensive Health Assessment:</p> <ul style="list-style-type: none"> a. Comprehensive H&P — Completed at age-appropriate frequency; and b. Subsequent periodic IHEBA or SHA tool. brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf www.aap.org/en-us/Documents/periodicity_schedule.pdf www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf
	<p>3. Well-Child: Medi-Cal patients shall receive age-appropriate physical exams according to the American Academy of Pediatrics (AAP) schedule. www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx</p>
NEW	<p>4. Alcohol Use Disorder (AUD): 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"> a. Use screening tools (e.g., CRAFFT assessment tool), b. Provide feedback to the patient regarding screening and assessment results, c. Discuss negative consequences that have occurred and the overall severity of the problems, d. Support the patient in making behavioral changes, and e. Discuss and agree on plans for follow-up with the patient, including referral to other treatment if indicated. <p>www.aap.org/en-us/documents/periodicity_schedule.pdf www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions Bright Futures recommended assessment tool is available at crafft.org www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf (or current version)</p>
NEW	<p>5. Anemia Screening: 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. www.aap.org/en-us/documents/periodicity_schedule.pdf</p>
NEW	<p>6. Anthropometric Measurements: 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"> • Use the WHO growth standards to monitor growth for infants and children 0 to 2 years of age in the U.S. • Use the CDC growth charts for children 2 years of age and older in the U.S. <p>www.cdc.gov/growthcharts</p>
	<p>7. Anticipatory Guidance: Includes age-appropriate counseling/health education provided to parent and/or pediatric member. brightfutures.aap.org/Bright%20Futures%20Documents/Anticipatory%20Guidance.pdf</p>
NEW	<p>8. Autism Spectrum Disorder Screening: 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"> a. Ages and Stages Questionnaires (ASQ) b. Communication and Symbolic Behavior Scales (CSBS) c. Parents' Evaluation of Developmental Status (PEDS) d. Modified Checklist for Autism in Toddlers (MCHAT) e. Screening Tool for Autism in Toddlers and Young Children (STAT) <p>www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf</p>

☑	PEDIATRIC PREVENTIVE
NEW	<p>9. Blood Lead Testing and Education: Educate on lead exposure prevention at each well-child visit from 6 months to 6th birthday. 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> www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm www.cdph.ca.gov/Programs/CCDPPH/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf www.cdph.ca.gov/Programs/CCDPPH/DEODC/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf www.cdph.ca.gov/Programs/ccdphp/deodc/clppb/pages/prov.aspx www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf</p>
NEW	<p>10. Blood Pressure Screening: Screening starting at 3 years of age. brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf www.aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx</p>
NEW	<p>11. Dental/Oral Assessment: Inspection of the mouth, teeth, and gums is performed at every well visit. Dental home is established by 12 months and a referral to a dentist annually regardless of whether a dental problem is detected or suspected. pediatrics.aappublications.org/content/134/3/626 www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-carries-in-children-from-birth-through-age-5-years-screening www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx</p> <p>NEW a. Fluoride Supplementation: 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. pediatrics.aappublications.org/content/134/3/626 pediatrics.aappublications.org/content/134/6/1224</p> <p>NEW b. Fluoride Varnish: Younger than 5 years of age once teeth have erupted. Apply at least once every 3-6 months in the primary care or dental office. www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07008.pdf www.uspreventiveservicestaskforce.org/Search/dental%20screening</p>
NEW	<p>12. Depression Screening:</p> <p>a. Adolescents: 12 years of age and older, annually using PHQ-9 Modified for Teens (PHQ-9A) or other tools. SHA is not a valid screening tool.</p> <p>b. Suicide-Risk Screening: Starting at 12 years old, screen at each well visit using validated screening tools.</p> <p>c. Maternal Depression Screening: At 1-, 2-, 4-, and 6-month well-baby visits. pediatrics.aappublications.org/content/126/5/1032 www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings-for-youth-suicide-prevention/screening-for-suicide-risk-in-clinical-practice/ 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/state-advocacy/Documents/MaternalDepressionScreeningGuidance.pdf www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/postpartum-depression www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression</p>
NEW	<p>13. Developmental Disorder Screening: 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. pediatrics.aappublications.org/content/118/1/405</p>
	<p>14. Developmental Surveillance: At every well-care visit. pediatrics.aappublications.org/content/118/1/405</p>
NEW	<p>15. Drug Use Disorder: 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> <p>a. Use screening tools (e.g., CRAFFT assessment tool)</p>

☑	PEDIATRIC PREVENTIVE
	<p>b. Provide feedback to the patient regarding screening and assessment results, c. Discuss negative consequences that have occurred and the overall severity of the problem, d. Support the patient in making behavioral changes, and e. Discuss and agree on plans for follow-up with the patient, including referral to other treatment if indicated.</p> <p>www.aap.org/en-us/documents/periodicity_schedule.pdf Bright Futures recommended assessment tool is available at www.crafft.org https://publications.aap.org/pediatrics/article/138/1/e20161211/52568/Substance-Use-Screening-Brief-Intervention-and</p>
NEW	<p>16. Dyslipidemia Screening: 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. brightfutures.aap.org/Pages/default.aspx www.nhlbi.nih.gov/node/80308</p>
	<p>17. Hearing Screening: At each well visit. www.aap.org/en-us/documents/periodicity_schedule.pdf</p>
NEW	<p>18. Hepatitis B Virus Screening: Perform risk assessment at each well visit (e.g., individuals born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.; Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.; HIV+, IV drug users, Men who have sex with men (MSM), household contact with HBV infected individuals). Those at risk should include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg anti-HBs, and antibody to hepatitis B core antigen anti-HBc) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment. www.cdc.gov/hepatitis/hbv/index.htm www.cdc.gov/hepatitis/hbv/hbvfaq.htm</p>
NEW	<p>19. Hepatitis C Virus Screening: All adults 18-79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visit. Test at least once between ages 18-79. Persons with increased risk of HCV infection, including those who are persons with past and current injection drug use, should be tested for HCV infection and reassessed annually. Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those with HIV, prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produced before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA. www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening</p>
NEW	<p>20. HIV Screening: 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 and annual reassessment and testing of persons at increased risk. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis</p>
NEW	<p>21. Psychosocial/ Behavioral Assessment. Perform at each well visit. Should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. pediatrics.aappublications.org/content/135/2/384 https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339 www.aap.org/en-us/Documents/periodicity_schedule.pdf</p>
	<p>22. Sexually Transmitted Infections (STIs) Screening and Counseling: Sexual activity shall be assessed at every well child visit starting at 11 years of age (by report or on the SHA Q28-34, Adult SHA Q21-26). If adolescents are identified as sexually active, the provider shall offer and provide contraceptive care with the goals of helping teens reduce risks and negative health consequences associated with adolescent sexual behaviors, including unintended pregnancies and STIs. Per AAP, adolescents should be screened for STIs per recommendations in the current edition of the <i>AAP Red Book: Report of the Committee on Infectious Diseases</i>.</p>

☑	PEDIATRIC PREVENTIVE
<p>NEW</p> <p>NEW</p>	<p>a. <u>Chlamydia and gonorrhea</u>: Test pregnant women, all sexually active women under 25 years old (including transgender men and gender diverse people with a cervix) as well as older women who are at risk; male adolescents and young adults in correctional facilities, and MSM.</p> <p>b. <u>Syphilis</u>: Test pregnant women, male adolescents and young adults in correctional facilities, and MSM at least annually or every three (3) to six (6) months if high risk because of multiple or anonymous partners, sex in conjunction with illicit drug use, or having sex partners who participated in these activities.</p> <p>pediatrics.aappublications.org/content/134/1/e302 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/STI-Screening-Guidelines.aspx www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-nonpregnant-adults-and-adolescents</p>
NEW	<p>23. Sudden Cardiac Arrest and Sudden Cardiac Death Screening: Starting at 11 years old, screen at each well child and refer to a pediatric cardiologist or electrophysiologist https://publications.aap.org/pediatrics/article/148/1/e2021052044/179969/Sudden-Death-in-the-Young-Information-for-the</p>
NEW	<p>24. Tobacco Use Screening, Prevention, and Cessation Services – Screen all children 11 years of age and older annually for tobacco product use. Tobacco products include but not limited to smoked cigarettes, chewed tobacco, electronic cigarette, and vaping product use, and/or exposure to secondhand smoke. See Adolescent SHA Q19-20 or Adult SHA Q17-18. Provider shall document prevention and/or cessation services to potential/active tobacco users. Provider shall offer and document appropriate follow-up intervention(s). www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2016/APL16-014.pdf (or current version)</p>
	<p>25. Tuberculosis (TB) Screening: All children are assessed for risk of exposure to TB at 1, 6, and 12-months old and annually thereafter. Provider shall offer and document appropriate follow-up intervention(s) for patient whose screening reveals positive risk factors for TB. Two (2) tests that are used to detect TB bacteria in the body: the TB skin test (TST) (Mantoux) and TB blood tests QuantiFERON-TB Gold Plus. A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. TB infection screening test is administered to children identified at risk, if there has not been a test in the previous year. The Mantoux is not given if a previously positive Mantoux is documented. Documentation of a positive test includes follow-up care (e.g. further medical evaluation, chest x-ray, diagnostic laboratory studies and/or referral to specialist). www.cdc.gov/tb/topic/testing/default.htm www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf</p>
	<p>26. Vision Screening: At each well visit. Per AAP, visual acuity screenings using optotypes are performed at ages 3 (if cooperative), 4, 5, 6, 8, 10, 12, and 15 years old. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. Documentation of PERRLA is acceptable for children below the age of 3 years. pediatrics.aappublications.org/content/137/1/e20153596 www.aap.org/en-us/Documents/periodicity_schedule.pdf</p>
	<p>27. Childhood Immunizations: Every visit should be an opportunity to update and complete a child's immunization according to Advisory Committee on Immunization Practices (ACIP) guidelines, unless medically contraindicated, vaccine shortage or refused by the parent. www.cdc.gov/vaccines/acip/recommendations.html www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf</p>
	<p>28. Vaccine Administration Documentation: Name of vaccine, manufacturer, and lot number of each vaccine given is recorded in the medical/electronic record or on medication logs, including immunization registry.</p>
	<p>29. Vaccine Information Statement (VIS) Documentation: The date the VIS was given or presented/offered and the VIS publication date are documented in the medical record. www.cdc.gov/vaccines/hcp/vis</p>

☑	ADULT PREVENTIVE
NEW	<p>1. Initial Health Assessment (IHA) includes:</p> <ul style="list-style-type: none"> a. Comprehensive History and Physical (H&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 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). <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.</p> <p>www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL%202008/PL08-003.PDF www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/PL2013/PL13-001.pdf www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</p>
	<p>2. Subsequent Comprehensive Health Assessment:</p> <ul style="list-style-type: none"> a. Comprehensive H&P: Completed at age-appropriate frequency; and b. Subsequent Periodic IHEBA or SHA Tool. <p>www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx www.dhcs.ca.gov/formsandpubs/forms/Documents/MMCD_SHA/GenDocs/SHAInstructionSheetforProviderOffice.pdf</p>
	<p>3. Periodic Health Evaluation: Completed according to most recent U.S. Preventive Services Task Force (USPSTF) guidelines.</p> <p>www.uspreventiveservicestaskforce.org/uspstf</p>
NEW	<p>4. Abdominal Aneurysm Screening: 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.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening</p>
NEW	<p>5. Alcohol Use Disorder (AUD) Screening and Behavioral Counseling: Assess all adults at each well-adult visit. 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"> a. Use CRAFFT, NIM-ASSIST, AUDIT/C or other validated assessment tools b. Complete one expanded screening tool at least annually c. Offer behavioral counseling d. Refer to county program <p>pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2017/APL17-016.pdf (or current version) www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions www.crafft.org</p>
	<p>6. Breast Cancer Screening: Mammogram – For women starting at 50 years of age – up to the 75th birthday, every, one (1) to two (2) years.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening</p>
	<p>7. Cervical Cancer Screening. USPSTF recommends:</p> <ul style="list-style-type: none"> • Women 21-29 years of age: Cervical cytology alone every three (3) years. • Women 30-65 years of age: <ul style="list-style-type: none"> ○ Every three (3) years – Cervical cytology alone; ○ Every five (5) years with high-risk human papillomavirus (hrHPV) testing alone; or ○ Every five (5) years with hrHPV testing in combination with cytology (15 on testing). <p>PLEASE NOTE: 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.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening</p>
NEW	<p>8. Colorectal Cancer Screening: Starting at 45 years of age up to age 75.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening</p>

☑	ADULT PREVENTIVE
NEW	<p>9. Depression Screening: Screen all adults at each well visit 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. There is adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. <i>SHA forms when used solely for depression screening do not have psychometric properties and may not be reliable screening tools for depression.</i></p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening</p>
NEW	<p>10. Diabetic Screening and Comprehensive Diabetic Care: Adults 35-70 years of age who are overweight or obese are screened for abnormal blood glucose 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. Patient with diagnosis of IFG, IGT, or type 2 diabetes should be confirmed; repeated testing with the same test on a different day is the preferred method of confirmation. Patient with a diagnosis of Diabetes shall have documented routine comprehensive diabetic care/screening: retinal exams, podiatry, nephrology, etc.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes</p> <p>www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf</p>
NEW	<p>11. Drug Use Disorder Screening and Behavioral Counseling: Assess all adults at each well visit for drug misuse. If at any time the PCP identifies a potential drug use disorder (e.g., patient answered “yes” on SHA Adult Q20 or SHA Senior Q24), the provider must complete all of the following:</p> <ol style="list-style-type: none"> Use SHA, CRAFFT, NIM-ASSIST, or other validated assessment tools, Offer behavioral counseling, Refer to county program, and Complete one (1) expanded screening tool at least annually. <p>www.crafft.org</p>
	<p>12. Dyslipidemia Screening: 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:</p> <ol style="list-style-type: none"> Ages 40-75 years One (1) or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and A calculated 10-year risk of a cardiovascular event of 10% or greater. <p>Screen universal lipids at every well visit for those with increased risk of heart disease and at least every 6 years for healthy adults.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication</p>
NEW	<p>13. Folic Acid Supplementation: The USPSTF recommends that all women who are planning or capable of pregnancy (under 50 years old) take a daily supplement 0.4-0.8mg (400-800µg) of folic acid.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication</p>
NEW	<p>14. Hepatitis B Virus Screening: Assess all adults for risk of acquiring Hepatitis B Virus (HBV). Perform risk assessment at each well visit (e.g., individuals born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.; Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.; HIV+, IV drug users, MSM, household contact with HBV infected individuals). Those at risk should include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg anti-HBs, and antibody to hepatitis B core antigen anti-HBc) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment.</p> <p>www.cdc.gov/hepatitis/hbv/hbvfaq.htm</p>

☑	ADULT PREVENTIVE
NEW	<p>15. Hepatitis C Virus Screening: All adults 18-79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visits. Test at least once between ages 18-79. Persons with increased risk of HCV infection, including those who are persons with past and current injection drug use, should be tested for HCV infection and reassessed annually. Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those with HIV, prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produces before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.</p> <p>www.cdc.gov/hepatitis/hcv/guidelinesc.htm www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening</p>
	<p>16. High Blood Pressure Screening: All patients 18 years of age and older.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening</p>
NEW	<p>17. HIV Screening: USPSTF recommends risk assessment shall be completed at each well visit for patients 65 years old and younger. 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). Lab results are documented.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</p>
NEW	<p>18. Intimate Partner Violence (IPV) Screening for Women of Reproductive Age: Perform at each well visit on asymptomatic women of reproductive age, regardless of sexual activity. SHA is an incomplete tool to screen for IPV. 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).The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse.</p> <p>www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html#frequent www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening</p>
NEW	<p>19. Lung Cancer Screening: Assess all individuals during well adult visits for past and current tobacco use. Per USPSTF, screen annually with low-dose computed tomography for adults 50-80 years of age who have a 20-pack-year smoking history (e.g., one (1) pack per day for 20 years) 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.</p> <p>www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening</p>
NEW	<p>20. Obesity Screening and Counseling: USPSTF recommends that clinicians screen all adult patients for obesity and <u>offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults (BMI 30 or above).</u> Document (body mass index) BMI and weight.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions</p>
NEW	<p>21. Osteoporosis Screening: Assess all postmenopausal women during well adult visits for risk of osteoporosis. USPSTF recommends screening with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, or who have at least one (1) risk factors, as determined by a formal clinical risk assessment tool: parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight. USPSTF recommends screening with bone measurement testing in women 65 years and older.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening</p>
NEW	<p>22. Sexually Transmitted Infection (STI) Screening and Counseling: Assess all individuals during well adult visits for risk of STI. See Adult SHA Q22-26 or Senior SHA Q25-28. Intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle.</p> <ul style="list-style-type: none"> a. 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. b. <u>Syphilis:</u> MSM or persons with HIV shall be tested at least annually.

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NEW NEW	<p>c. <u>Trichomonas</u>: Test sexually active women seeking care for vaginal discharge, women who are IV drug users, exchanging sex for payment, HIV+, have history of STD, etc.</p> <p>d. <u>Herpes</u>: Men and women requesting STI evaluation who have multiple sex partners shall be tested, those HIV+, and MSM with undiagnosed genital tract infection.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling www.cdc.gov/std/prevention/screeningreccs.htm www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf</p>
NEW	<p>23. Skin Cancer Behavioral Counseling: USPSTF recommends that young adults 24 years of age and younger, Should be counseled to minimize exposure to Ultraviolet (UV) radiation to reduce their risk of skin cancer.</p> <p>www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling</p>
NEW	<p>24. Tobacco Use Screening, Counseling and Interventions: Assess all individuals during well adult visits for tobacco use and document prevention and/or counseling services to potential/active tobacco users. See SHA Adult SHA Q17 or Senior SHA Q21. If the PCP identifies tobacco use, per USPSTF, document any combination of the following since not all may apply especially to pregnant tobacco users: tobacco cessation services, behavioral counseling and/or pharmacotherapy. Per APL 16-014 the following must be in the patient's medical record:</p> <ul style="list-style-type: none"> a. FDA-approved tobacco cessation medications (for non-pregnant adults of any age). b. Individual, group, and telephone counseling for members of any age who use tobacco products c. Services for pregnant tobacco users. <p>www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf</p>
	<p>25. Tuberculosis (TB) Screening: Adults are assessed for TB risk factors or symptomatic assessments upon enrollment and at periodic physical evaluations. The Mantoux skin test, or other approved TB infection screening test, is administered to all asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they had not had a test in the previous year. Adults already known to have HIV or who are significantly immunosuppressed require annual TB testing. The Mantoux is not given if a previously positive Mantoux is documented. Documentation of a positive test includes follow-up care (e.g., further medical evaluation, chest x-ray, diagnostic laboratory studies, and/or referral to specialist).</p> <p>www.cdc.gov/tb/publications www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening www.cdc.gov/tb/publications</p>
NEW NEW	<p>26. Adult Immunizations: Immunization status is assessed at periodic health evaluations. Practitioners are required to ensure the provision of immunizations according to CDC's Advisory Committee on Immunization Practices (ACIP) guidelines, unless medically contraindicated or refused by the member. Vaccination status must be assessed for the following:</p> <ul style="list-style-type: none"> • Td/Tdap (every 10 years) • Flu (annually) • Pneumococcal (ages 65 and older; or anyone with underlying conditions) • <u>Zoster (starting at age 50)</u> • <u>Varicella and measles, mumps, and rubella (MMR): Documented evidence of immunity (i.e. titers, childhood acquired infection) in the medical record meets the criteria for varicella and MMR.</u> <p>The name of the vaccines and date the member received the vaccines must be documented as part of the assessment.</p> <p>www.cdc.gov/vaccines/schedules/hcp/imz/adult.html www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf</p>
	<p>27. Vaccine Administration Documentation: Name of vaccine, manufacturer and lot number of each vaccine given is recorded in the medical/electronic record or on medication logs, including immunization registries.</p>
	<p>28. Vaccine Information Statement (VIS) Documentation: The date the VIS was given (or presented and offered), and the VIS publication date are documented in the medical record.</p> <p>www.cdc.gov/vaccines/hcp/vis</p>

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	1. Initial Comprehensive Prenatal Assessment (ICA): Completed within four (4) weeks of entry to prenatal care. custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/8a01c5b0dd744c0aa06f0dece9dec3f1.pdf
	2. Obstetrical and Medical History www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c
	3. Physical Exam: Includes breast, pelvic exam, and calculation of estimated date of delivery.
NEW	4. Dental Assessment www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2013/08/Oral%20Health%20Care%20During%20Pregnancy%20and%20Through%20the%20Lifespan
NEW	5. Healthy weight gain and behavioral counseling. www.uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-weight-and-weight-gain-during-pregnancy-behavioral-counseling-interventions
NEW	6. Lab Tests:
	a. Bacteriuria Screening www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/asymptomatic-bacteriuria-in-adults-screening
	b. Rh Incompatibility Screening www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/rh-d-incompatibility-screening www.nhlbi.nih.gov/health-topics/rh-incompatibility
NEW	c. Diabetes Screening www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/gestational-diabetes-mellitus-screening
	d. Hepatitis B Virus Screening www.cdc.gov/hepatitis/hbv/index.htm www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-in-pregnant-women-screening
NEW	e. Hepatitis C Virus Screening www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/05/routine-hepatitis-c-virus-screening-in-pregnant-individuals
	f. Chlamydia Infection Screening under 25 years old and older women with increased risk www.cdc.gov/std/chlamydia/ www.cdc.gov/std/prevention/screeningreccs.htm www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening
NEW	g. Syphilis Infection Screening www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening
NEW	h. Gonorrhea Infection Screening 25 years old and older women with increased risk www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening
NEW	i. HIV Screening www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening
	7. First Trimester Comprehensive Assessment:
	a. Individualized Care Plan (ICP)
	b. Nutrition Assessment

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NEW NEW NEW NEW	<ul style="list-style-type: none"> c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment</u>, <u>substance use disorder assessment</u> d. <u>Breastfeeding</u> and other health education assessment e. <u>Preeclampsia Screening</u> f. <u>Intimate Partner Violence Screening</u> <p> www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening </p>
NEW NEW NEW NEW NEW	<ul style="list-style-type: none"> 8. Second Trimester Comprehensive Reassessment <ul style="list-style-type: none"> a. Individualized Care Plan (ICP) updated and follow-up b. Nutrition Assessment c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment</u>, <u>substance use disorder assessment</u> d. <u>Breastfeeding</u> and other health education assessment e. <u>Preeclampsia Screening</u> <ul style="list-style-type: none"> o <u>Low Dose Aspirin</u> f. <u>Intimate Partner Violence Screening</u> g. <u>Diabetes Screening</u> <p> www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening </p>
NEW NEW NEW NEW NEW NEW	<ul style="list-style-type: none"> 9. Third Trimester Comprehensive Reassessment <ul style="list-style-type: none"> a. Individualized Care Plan (ICP) updated and follow-up b. Nutrition Assessment c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment</u>, <u>substance use/abuse assessment</u> d. Health Education e. <u>Preeclampsia Screening</u> <ul style="list-style-type: none"> o <u>Low Dose Aspirin</u> f. <u>Intimate Partner Violence Screening</u> g. <u>Diabetic Screening</u> h. Screening for Strep B i. <u>Screening for Syphilis</u> j. <u>Tdap Immunization</u> <p> www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions </p>

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	www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening www.acog.org/womens-health/faqs/group-b-strep-and-pregnancy www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/prevention-of-group-b-streptococcal-early-onset-disease-in-newborns?utm_source=vanity&utm_medium=web&utm_campaign=clinical www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CS_Eval_Management_pregnant%20women.pdf www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html
	10. Prenatal care visit periodicity according to most recent ACOG standards. www.acog.org/clinical
NEW	11. Influenza Vaccine www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html www.cdc.gov/vaccines/hcp/acip-recs/rec-vac-preg.html www.cdc.gov/flu/highrisk/pregnant.htm
NEW	12. COVID-19 Vaccine www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care
	13. Referral to Special Supplemental Nutrition Program for WIC and assessment of infant feeding status. www.myfamily.wic.ca.gov
	14. HIV-related services offered. www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/prenatal-and-perinatal-human-immunodeficiency-virus-testing www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening
	15. AFP/genetic screening offered.
	16. Family planning evaluation.
NEW NEW NEW	17. Comprehensive Postpartum Assessments a. <u>Individualized Care Plan (ICP)</u> b. Nutrition Assessment (includes mother and infant) c. Psychosocial Assessment: Maternal mental health screening/postpartum depression screening, <u>social needs assessment, substance use disorder assessment</u> d. Breast feeding and other health education e. Comprehensive physical exam completed and <u>within 12 weeks after delivery</u> www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care