On-Site Documents Checklist

Please provide documentation of the following checked (✓) items:	Policies	Evidence of Provider & Staff Training (sign-in sheets)		Office Documents
		Annually 2018 - 2020	*Upon Hire*	
1. Blood Borne Pathogens Exposure Prevention	✓	✓		
2. Biohazardous Waste Handling	✓	✓		
3. Infection Control/Universal Precautions	✓	✓		
4. Fire Safety/Prevention	✓		✓	
5. Child/Elder Abuse/Domestic Violence Reporting	✓		✓	
6. Cultural and Linguistics	✓		✓	
7. Emergency medical procedures	✓		✓	
8. Emergency non-medical procedures	✓		✓	
9. Grievance/Complaint Procedure and Grievance Forms (plan specific)	✓		✓	
10. Health Plan Referral Process/Procedure/Resources	✓		✓	
11. Informed Consent for invasive procedures	✓		✓	
12. Patient Confidentiality	✓		✓	
13. Prior Authorization	✓		✓	
14. Sensitive Services/Minors Rights	✓		✓	
15. All Professional Licenses & DEA of all professionals on site including ancillary providers (OB/GYN, Chiropractor, Podiatrist, PT, etc)				✓
16. MA certificates, phlebotomy, EKG/vision/hearing screening training				✓
17. Provider & Staff signature page (for non-EMR users - to assist the auditor in identifying provider/staff signatures/initials on patient charts)				✓
18. Site specific, written Blood Borne Pathogens Exposure Control Plan and Sharps Injury Incident Log/Form				✓
19. Pharmaceutical and Lab Supplies inventory monitoring, handling and disposal policies and procedures				✓
20. Inventory Logs to monitor expiration of supplies in the last 3 years (Emergency kit, Medications, Lab supplies)				✓
21. Daily refrigerator and freezer temperature logs in the last 3 years				✓
22. Daily quality controls of lab test equipment (glucometers, urinalysis machines, etc.) in the last 3 years per manufacturer's instructions				✓
23. Current Vaccine Information Statements (VIS) for all vaccines administered on site				✓
24. Health Education materials/hand-outs in all applicable languages & topics				✓
25. Medical record release form with at least the following: 1) area to indicate the specific notes to be released and 2) expiration of release				✓
26. Confidentiality agreement with external vendors who may have access to medical records (e.g. cleaning crew)				✓
27. Office fax cover pages with confidentiality statement				✓
28. CLIA certificate				✓
29. Most recent service contract and pick-up receipt for regulated medical waste in the last 3 years				✓
30. Site-specific written schedule of routine cleaning/log in the last 3 years				✓
31. Site-specific policy/procedures or Manufacturer's Instructions for instrument/equipment sterilization (if applicable)				✓
32. Spore testing of autoclave/steam sterilizer with documentation results at least monthly in the last 3 years (if applicable)				✓
33. Standardized Procedures for Nurse Practitioners and Practice Agreement(s) with Physician Assistants (if applicable)				✓
34. Current California Radiologic Health Branch Inspection Report of X-Ray equipment (if applicable)				✓

*** IMPORTANT ***

Please complete this checklist well in advance in preparation for your upcoming audit as part of your own internal monitoring. There are many changes and additions to the State requirements so please review all criteria to ensure full compliance. Please feel free to contact your Nurse Reviewer PRIOR to your audit to clarify any of these criteria. This clarification process is crucial especially if you have been audited by different health plans, programs, or reviewers in the past.

~ Nurse Reviewer

Facility Site and Medical Record Review (FSR/MRR) Preparation Checklist 2020

Please utilize this FSR/MRR Preparation Checklist 2020 to conduct an internal review of your own practice to determine your readiness level for your upcoming FSR and/or MRR. Please reference the most current California Department of Health Care Services (DHCS) Site Review and Medical Record Review Survey Standards and the embedded governing entity website links below for more detailed information. The survey standards provide directions, instructions, rules, regulation parameters and/or indicators for the 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 are not applicable.

All critical element criteria are bolded and italicized. Critical elements are related to potential adverse effects on patient health or safety and have a weighted score of two (2) points. Each critical element 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 other 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 underlined. Please reference the most current DHCS Site Review and Medical Record Review Survey Standards and the embedded governing entity website links for more detailed information.

Facility Site Review				
Access/Safety		**Yes**	**No**	**Comments:**
1.	Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance			
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.	There is evidence staff has received safety training and/or has safety information available on the following: a. Fire safety and prevention b. Emergency nonmedical procedures (e.g. disaster, site evacuation, workplace violence)			
11.	Lighting is adequate in all areas to ensure safety.			
12.	***Exit doors and aisles are unobstructed and egress (escape) accessible.*** https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37			
13.	Exit doors are clearly marked with "Exit" signs.			
14.	Clearly diagramed "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.	Fire-fighting equipment in accessible location https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157			
17.	An employee alarm system https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37			
18.	Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.			
19.	Emergency equipment is stored together in easily accessible location and is ready to be used.			
20.	Emergency phone number contacts are posted, updated annually and as changes occur.			
21.	***Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag***			

22.	***Emergency medicine, such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), Naloxone, chewable Aspirin 81 mg, nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), glucose, appropriate sizes of ESIP needles/syringes and alcohol wipes.*** https://www.aafp.org/afp/2007/0601/p1679.html			
23.	Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.			
24.	There is a process in place on site to document checking of emergency equipment/supplies for expiration and operating status at least monthly.			
25.	There is a process in place on site to replace/re-stock 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 equipment manufacturer's guidelines.			

Personnel		**Yes**	**No**	**Comments:**
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 http://www.pac.ca.gov			
3.	Health care personnel wear identification badges/tags printed with name and title.			
4.	***Only qualified/trained personnel retrieve, prepare or administer medications.***			
5.	Only qualified/trained personnel operate medical equipment.			
6.	Documentation of education/training for non-licensed medical personnel is maintained on site.			
7.	Site has a procedure in place for confirming correct patient/medication/ vaccine dosage prior to administration.			
8.	Scope of practice for non-physician medical practitioners (NPMPs) is clearly defined: a. Standardized procedures provided for nurse practitioners (NPs) and/or certified nurse midwives (CNMs). b. A *Practice Agreement* defines the scope of services provided by physician assistants (PAs) and supervisory guidelines define the method of supervision by the supervising physician. http://www.pac.ca.gov c. 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. d. Each NPMP that prescribes controlled substances has a valid DEA registration number.			
9.	NPMPs are supervised according to established standards: a. The ratio of supervising physician to the number of NPMPs does not exceed established ratios in any combination: • 1:4 NPs • 1:4 CNMs • 1:4 PAs (per shift in any given location) b. The designated supervising or back-up physician is available in person or by electronic communication at all times when a NPMP is caring for patients. c. There is evidence of NPMP supervision.			
10.	There is evidence that site staff has received training and/or information on 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 k. Cultural and linguistics			

	https://www.health.pa.gov/topics/Documents/Health%20Equity/CLAS%20Standards%20FactSheet.pdf			

	Office Management	**Yes**	**No**	**Comments:**
1.	Clinic office hours are posted or readily available upon request.			
2.	Provider office hour schedules are available to staff.			
3.	Arrangement/schedule for after-hours, on-call, supervisory back-up 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 made available to patients.			
6.	Appropriate personnel handle emergent, urgent and medical advice telephone calls.			
7.	Telephone answering machine, voice mail 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 in identified threshold languages specified for location of site. https://www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national			
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 shall be in place.			
14.	Office practice procedures allow timely provision and tracking of: a. Processing internal and external referrals, consultant reports and diagnostic test results. ***b. Physician review and follow-up of referral/consultation reports and diagnostic test results.***			
15.	Phone number(s) for filing grievances/complaints are located on site.			
16.	Complaint forms and a copy of the grievance procedure are available on site.			
17.	Medical records are readily retrievable for scheduled patient encounters.			
18.	Medical documents are filed in a timely manner to ensure availability for patient encounters.			
19.	Exam rooms and dressing areas safeguard patients' right to privacy.			
20.	Procedures are followed to maintain the confidentiality of personal patient information.			
21.	Medical record release procedures are compliant with State and federal guidelines.			
22.	Storage and transmittal of medical records preserves confidentiality and security.			
23.	Medical records are retained for a minimum of 10 years for both adults and pediatric medical records			

	Clinical Services	**Yes**	**No**	**Comments:**
1.	Drugs are stored in specifically designated cupboards, cabinets, closets or drawers.			
2.	Prescription, drug samples, over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en (copy link to internet browser to open)			
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.			
5.	Written site-specific policy/procedure for dispensing of sample drugs are available on site. (A list of dispensed and administered medications shall be present on site)			
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.			
9.	Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at time of site visit).			

10.	Freezer thermometer temperature is 5º Fahrenheit or –15º Centigrade, or lower (at time of site visit).			
11.	Site utilizes drugs/vaccine storage units that are able to maintain required temperature. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf https://www.fda.gov/vaccines-blood-biologics/vaccines/questions-about-vaccines www.cdc.gov/vaccines			
12.	Daily temperature readings of drugs/vaccines refrigerator and freezer are documented.			
13.	Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer. http://eziz.org/assets/docs/IMM-1122.pdf			
14.	Drugs and vaccines are stored separately from test reagents, germicides, disinfectants and other household substances			
15.	Hazardous substances are appropriately labeled.			
16.	Site has method(s) in place for drug and hazardous substance disposal.			
17.	There are no expired drugs on site.			
18.	Site has a procedure 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.	***Only lawfully authorized persons dispense drugs to patients.***			
21.	***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. http://www.cdc.gov/vaccines/pubs/vis/default.htm http://www.eziz.org			
23.	If there is a pharmacy on site, it is licensed by the California State Board of Pharmacy.			
24.	Site utilizes California Immunization Registry (CAIR) or most current version. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf			
25.	Laboratory test procedures are performed according to current site-specific CLIA certificate. https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html www.cms.gov or www.fda.gov			
26.	Testing personnel performing clinical lab procedures have been trained.			
27.	Lab supplies (vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.			
28.	Lab test supplies are not expired.			
29.	Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.			
30.	Site has current California Radiologic Health Branch Inspection Report (in the last 5 years) or proof of registration if there is radiological equipment on site. www.cdph.ca.gov/rhb			
31.	The following documents are posted on site: 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 highly visible location. c. "Notice to Employees Poster" posted in 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 current expiration date. f. Technologist certificate posted and within current expiration date.			
32.	The following radiological protective equipment is present on site: a. Operator protection devices: radiological equipment operator 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.			

Preventive Services		**Yes**	**No**	**Comments:**
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 (for example, 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			
7.	Basic exam equipment: percussion hammer, tongue blades, patient gowns			
8.	Eye charts (literate and illiterate) and occluder for vision testing (proper use of heel line)			
9.	Ophthalmoscope			
10.	Otoscope with adult and pediatric ear speculums			
11.	A pure tone, air conduction audiometer is located in a quiet location for testing.			
12.	Health education materials and plan-specific resource information are: 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.			

Infection Control		**Yes**	**No**	**Comments:**
1.	Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.			
2.	A waste disposal container is available in exam rooms, procedure/treatment rooms and restrooms.			
3.	Site has procedure for effectively isolating infectious patients with potential communicable conditions. https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html			
4.	***Personal protective equipment for standard precautions is readily available for staff use (for example, water-repelling gloves and clothing barrier/gown; face/eye protection including goggles/face shield and respiratory infection protection for example, mask).***			
5.	***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. https://www.osha.gov/needlesticks/needlefaq.html			
7.	***Blood, other potentially infectious materials, and regulated wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing, storage, transport or shipping.*** https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx https://www.cdph.ca.gov (Medical Waste Management Act)			
8.	Biohazardous (non-sharp) wastes are contained separate from other trash/waste.			
9.	Contaminated laundry is laundered at the workplace or by a commercial laundry service.			
10.	Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.			
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).			
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 is completed according to site-specific written schedule.			
14.	Disinfectant solutions used on site are: a. Approved by the Environmental Protection Agency (EPA). b. Effective in killing HIV/HBV/TB. c. Follow manufacturer instructions.			
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 the following procedures: a. Cleaning reusable instruments/equipment prior to sterilization.			
17.	Cold chemical sterilization/high level disinfection: a. Confirmation from manufacturer item (s) is/are heat-sensitive **b. *Staff demonstration /verbalize necessary steps/process to ensure sterility and/or high level disinfection ensure sterility of equipment.*** **c. *Appropriate PPE is available, exposure control plan and clean up instructions in the event of a cold chemical sterilant spill — solution's MSDS shall be available on site.***			

	https://oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control/ https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html			
18.	Autoclave/steam sterilization: a. Staff demonstration/verbalize necessary steps/process to ensure sterility b. Autoclave maintenance per manufacturer's guidelines c. ***Spore testing of autoclave/steam sterilizer with documented results (at least monthly)*** d. ***Management of positive mechanical, chemical and/or biological indicators of the sterilization process*** https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html			
19.	Sterilized packages are labeled with sterilization date and load identification information.			
20.	Storage of sterilized packages			

Medical Record Review				
Format		**Yes**	**No**	**Comments:**
1.	Member identification is on each page. https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html			
2.	Individual personal biographical information is documented.			
3.	Emergency *contact* is identified.			
4.	Medical records on-site are maintained and organized.			
5.	Member's assigned and/or rendering primary care physician (PCP) is identified.			
6.	Primary language and linguistic service needs of non- or limited-English proficient (LEP), or hearing/speech-impaired persons are prominently noted. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf			
7.	Person or entity providing medical interpretation is identified: https://www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national			
8.	Signed copy of the *Notice of Privacy*: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html			
Documentation		**Yes**	**No**	**Comments:**
1.	Allergies are prominently noted.			
2.	Chronic problems and/or significant conditions are listed.			
3.	Current continuous medications are listed.			
4.	Appropriate consents are present: a. Consent for treatment b. Release of medical records c. Informed consent for invasive procedures			
5.	Advanced Health Care Directive information is offered (reviewed at least every five years).			
6.	All entries are signed, dated and legible. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c03.pdf			
7.	Errors are corrected according to legal medical documentation standards.			

Coordination/continuity of Care		**Yes**	**No**	**Comments:**
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.			
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 Care		Yes	No	Comments:
1.	Initial health assessment (IHA): a. Comprehensive history and physical b. Individual health education behavioral assessment (IHEBA) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx			
2.	Subsequent comprehensive health assessment: a. Comprehensive history and physical exam completed at age appropriate frequency b. Subsequent periodic IHEBA https://www.aap.org/en-us/Documents/periodicity_schedule.pdf https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx https://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf			
3.	Alcohol/drug misuse: screening and behavioral counseling (Per AAP, screen all individuals 11 years and older — see Adolescent SHA Q23 - 26 or Adult SHA Q19.) If patient answered "yes" to the alcohol question in the IHEBA or at any time the PCP identifies a potential alcohol misuse problem, then the provider shall: 1) use AUDIT-C screening tool; 2) refer to county programs for evaluation and treatment; and 3) offer behavioral counseling interventions. https://www.aap.org/en-us/documents/periodicity_schedule.pdf https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf			
4.	Anemia screening (risk assessment at 4, 15, 18, 24, 30 months and 3 years old, then annually thereafter; and serum hemoglobin at 12 months) https://www.aap.org/en-us/documents/periodicity_schedule.pdf			
5.	Anthropometric measurements (Head circumference for 2 years and younger, length/height and weight for 0-20 years old are documented and plotted in a WHO growth chart if under 2 years old and CDC growth chart if 2 years and older.) https://www.cdc.gov/growthcharts/who_charts.htm			
6.	Anticipatory guidance https://brightfutures.aap.org/Bright%20Futures%20Documents/Anticipatory%20Guidance.pdf			
7.	Autism spectrum disorder screening (at 18 and 24 months) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf			
8.	Blood lead testing and education (educate on lead exposure prevention at each well visit from 6 months to 6th birthday; complete blood lead test at 1 and 2 years old; complete a baseline blood lead test between 2 years old and 6th birthday if no documented evidence of testing by 2 years old. Refer to All Plan Letter 18-017 or most current version: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/CLPPBhome.aspx https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf https://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf			
9.	Blood pressure screening (starting at 3 years old) https://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf https://www.aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx			
10.	Dental assessment (Inspection of the mouth, teeth and gums at each well visit) https://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf			
11.	Dental home (Establish a dental home by 12 months of age and referral to a dentist annually regardless of whether a dental problem is detected or suspected) https://pediatrics.aappublications.org/content/134/6/1224			

	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx			
12.	Dental Fluoride supplementation (6 months-16 years who are at high risk for tooth decay and whose primary drinking water has a low fluoride concentration) https://pediatrics.aappublications.org/content/134/3/626 https://pediatrics.aappublications.org/content/134/6/1224			
13.	Dental Fluoride varnish (5 years old and younger once teeth has erupted) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07008.pdf https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Recommends-Fluoride-to-Prevent-Dental-Caries.aspx https://www.uspreventiveservicestaskforce.org/Search/dental%20screening			
14.	Depression screening (maternal screening of infants at 1, 2, 4 and 6 months old visits; and annually for 12 years and older using the PHQ-2, PHQ-9 or other tools - SHA is not a valid screening tool) https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/MaternalDepressionScreeningGuidance.pdf https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf https://www.acog.org/Patients/FAQs/Postpartum-Depression https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/depression-in-adults-screening			
15.	Developmental Disorder Screening for developmental disorders at the 9-, 18- and 30- (or 24-) month visits https://pediatrics.aappublications.org/content/118/1/405			
16.	Developmental Surveillance at each well child visit https://pediatrics.aappublications.org/content/118/1/405			
17.	Dyslipidemia screening (risk assessment at 2, 4, 6 and 8 years old, then annually thereafter; and one lipid panel between 9 and 11, and again at 17 and 21 years old) https://www.nhlbi.nih.gov/node/80308 https://brightfutures.aap.org/Pages/default.aspx			
18.	Folic acid supplementation (daily supplements of 0.4-0.8 mg once menses have started) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication			
19.	Hearing screening https://www.cdc.gov/ncbddd/hearingloss/recommendations.html			
20.	Hepatitis B screening (if born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.; Central & Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.; HIV+, IV drug users, MSM, household contact with HBV infected individuals) https://www.cdc.gov/hepatitis/hbv/index.htm https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm			
21.	HIV screening (Risk assessment shall be completed at each well child visit starting at 11 years old. Those at high risk (i.e. having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, IV drug users, MSM) shall be tested for HIV and offered pre-exposure prophylaxis (PrEP). Universal screening (test) for HIV infection once between the ages of 15 and 18 years, and annual reassessment and testing of persons at increased risk shall be performed, making every effort to preserve confidentiality of the adolescent.) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis https://www.aap.org/en-us/documents/periodicity_schedule.pdf			
22.	Intimate partner violence screening (see Adolescent SHA Q14, 15, 27 or Adult SHA Q9, 11, 26). The Centers for Disease Control and Prevention defines intimate partner violence (IPV) as a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. "Intimate partner" includes current and former spouses and dating partners. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.			

	Per the USPSTF, clinicians shall screen for intimate partner violence (regardless of sexual activity) and provide or refer those who screen positive to ongoing support services. The USPSTF recommendations apply to asymptomatic women of reproductive age and elderly and vulnerable adults. Reproductive age is define across studies as ranging from 14 to 46 years, with most research focusing on women age 18 years or older. A vulnerable adult is a person age 18 years or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired because of a mental, emotional, long-term physical, or developmental disability or dysfunction or brain damage. Types of abuse that apply to elderly and vulnerable adults include physical abuse, sexual abuse, emotional or psychological abuse, neglect, abandonment, financial or material exploitation, and self-neglect. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html https://pediatrics.aappublications.org/content/125/5/1094 https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening			
23.	Nutrition assessment/breast feeding support			
24.	Obesity screening (Starting at 2 years old, document BMI with the BMI percentile plotted on a CDC-approved growth chart. Screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.) https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/ https://www.cdc.gov/obesity/resources/strategies-guidelines.html			
25.	Psychosocial/behavioral assessment https://pediatrics.aappublications.org/			
26.	Sexual activity assessment (starting at 11 years old - see Adolescent SHA Q28 – 34): a. Contraceptive care b. STI screening on all sexually active adolescents, including chlamydia, gonorrhea and syphilis (syphilis for MSM starting at 15 years) https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/default.aspx https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/STI-Screening-Guidelines.aspx https://pediatrics.aappublications.org/content/134/1/e302			
27.	Skin cancer behavior counseling (6 months and older, especially if fair skin) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling			
28.	Tobacco product use: screening, prevention and cessation services (Screen individuals 11 years and older annually with documented interventions counseling, pharmacotherapy, etc. if high risk — see Adolescent SHA Q19 - 20 or Adult SHA Q17 – 18.) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf			
29.	Tuberculosis screening (risk assessment at each well visit; TB skin test for those high risk) https://www.cdc.gov/tb/topic/testing/default.htm			
30.	Vision screening https://pediatrics.aappublications.org/content/137/1/e20153596			
31.	Childhood Immunizations: a. Given according to ACIP guidelines b. Vaccine administration documentation c. *Vaccine Information Statement (VIS)* documentation https://www.cdc.gov/vaccines/acip/index.html https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf			

Adult Preventive Care		**Yes**	**No**	**Comments:**
1.	Initial health assessment (IHA): a. Comprehensive history and physical including dental assessment b. Individual health education behavioral assessment (IHEBA) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL%202008/PL08-003.PDF https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx			

2.	Periodic health evaluation according to most recent USPSTF guidelines			
3.	Subsequent periodic IHEBA http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx			
4.	Abdominal aneurysm screening (men ages 65-75 years who have ever smoked shall be screened once by ultrasonography) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/abdominal-aortic-aneurysm-screening			
5.	Alcohol misuse: screening and behavioral counseling (Screen all adults per AP.); for anyone with a high-risk answer on SHA (Q19 or 23) or anyone with potential misuse problem: 1) refer to county program; 2) use AUDIT/C; 3) complete one expanded screening tool at least annually; 4) offer behavioral counseling.) https://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-016.pdf			
6.	Breast cancer screening (Perform mammogram for women 50-75 years old, every 1-2 years): https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening			
7.	Cervical cancer screening (The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening			
8.	Colorectal cancer Screening https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening			
9.	Depression screening (Per USPSTF, screen all adults regardless of risk factors using PHQ-2 or other tools.) https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening			
10.	Diabetic Screening and Comprehensive Diabetic Care (Adults ages 40-70 that are overweight or obese should receive a screen for type II diabetes. Glucose abnormalities can be detected by measuring HbA1c or fasting plasma glucose or with an oral glucose tolerance test. Offer or refer patients with glucose abnormalities to intensive behavioral counseling interventions to promote a healthful diet and physical activity. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf			
11.	Dyslipidemia Screening (Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 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 all of the following criteria are met:) a. Ages 40 to 75 years b. 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); c. A calculated 10-year risk of a cardiovascular event of 10% or greater. https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/			
12.	Folic acid supplementation (all women capable of pregnancy are prescribed 0.4-0.8 mg daily) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication			
13.	Hepatitis B screening (if born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.; Central & Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.; HIV+, IV drug users, MSM, household contact with HBV infected individuals) https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm			

14.	Hepatitis C screening (The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. Screen individuals for risk factors and TEST FOR HCV if one of the following risk factors is identified per CDC: born between 1945 and 1965, past or current IV drug use, receipt of blood transfusion before 1992, long-term hemodialysis, born to mother with HCV, percutaneous or mucosal exposure to HCV-positive blood, etc.) https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm			
15.	High blood pressure screening https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening			
16.	HIV screening (Risk assessment shall be completed at each well visit up to 65 years old. Those at high risk regardless of age (i.e. having intercourse without a condom or with more than one 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. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening			
17.	Intimate partner violence screening (See Adult SHA Q9, 11, 26 or Senior SHA Q10, 15, 28). Per the USPSTF, clinicians shall screen for intimate partner violence (regardless of sexual activity) and provide or refer those who screen positive to ongoing support services. These recommendations apply to asymptomatic women of reproductive age and elderly and vulnerable adults. Reproductive age is defined across studies as ranging from 14 to 46 years, with most research focusing on women age 18 years or older. The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. A vulnerable adult is a person age 18 years or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired because of a mental, emotional, long-term physical, or developmental disability or dysfunction or brain damage. Types of abuse that apply to elderly and vulnerable adults include physical abuse, sexual abuse, emotional or psychological abuse, neglect, abandonment, financial or material exploitation, and self-neglect. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening			
18.	Lung cancer screening (for adults ages 55-80 years who have a 30-pack-year smoking history and currently smoke or have quit within the past 15 years, screen with low-dose computed tomography) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening			
19.	Obesity screening and counseling (Document BMI and weight. The 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). https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-interventions			
20.	Osteoporosis screening (bone measurement testing for women 65 years and older or postmenopausal women younger than 65 with one of the following risk factors: parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight) https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/osteoporosis-screening			
21.	Sexually transmitted infection (STI) screening (Risk assessment shall be completed at each well visit. See Adult SHA Q22 - 26 or Senior SHA Q25-28): a. Chlamydia and gonorrhea (test all sexually active women under 25 years old and older women who have new or multiple sex partners. Test MSM regardless of condom use or persons with HIV shall be screened at least annually.) b. Syphilis (test MSM or persons with HIV shall be screened at least annually) c. Trichomonas (test women who are IV drug users, Hx of STD, in prostitution, HIV+, etc.) d. Herpes (test Men and women requesting STI evaluation who have multiple sex partners shall be screened, HIV+ and MSM w/ undiagnosed genital tract infection.) https://www.cdc.gov/std/tg2015/screening-recommendations.htm			
22.	Sexually transmitted infections counseling (for high-risk adults — See Adult SHA Q22-26 or Senior SHA Q25-28)			