Quality Management Audit Training

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FACILITY SITE REVIEW

Before the Audit

(All the following will occur before the audit)

Quality Management Coordinator (QMC).

Once a request for a site audit is received from Credentialing, Provider Updates, etc., the QMC will contact the office manager/staff to verify site information and audit contact details.

Approximately two weeks before the audit's scheduled date, the QMC will send the office an email confirmation of their scheduled appointment date(s) and a member list (if applicable).

Approximately one week before the audit's scheduled date, The QMC will send the office an email reminder of their scheduled appointment.

Quality Management Certified Site Reviewer (CSR)/ Certified Master Trainer (CMT).

When nurses schedule permitting, the CSR and CMT will contact the site via phone or email to schedule a training, if needed, and the audit date(s).

Physical Accessibility Review Survey (PARS)

Purpose

The Department of Health Care Services (DHCS) Physical Accessibility Review Survey Attachment C tool verifies compliance with the Americans with Disabilities Act (ADA) for parking, exterior building, interior building, restroom, exam room and exam table/scale.

The PARS is completed along with a Facility Site Review (FSR) and is considered an assessment, not an audit. PARS is completed on all Initial FSRs and every three years with the periodic FSR. The results are typically sent within five business days; results include ADA recommendations for areas needing improvement.

*Please note a Corrective Action Plan (CAP) is not required.

Access and Safety Criteria

The site should be accessible and useable by individuals with physical disabilities.

- Designated disabled parking with sign
- Level ramps and accessible elevator (if applicable)
- Clear floor space in waiting room and exam room
- Accessible restrooms and handwashing facilities with appropriate sanitary supplies

The site environment should be clean, sanitary, and safe for all patients, visitors, and personnel.

- Site policy and evidence of staff training (e.g., fire safety/prevention, medical and non-medical emergencies)
- **Critical Element (CE)** Exit doors and aisles are clear and not obstructed (cords not being affixed or across walkways)
- Clear exit signs and evacuation plans posted
- Accessible firefighting equipment (at least one of the following):
  - ✓ Fire extinguisher with evidence of inspection
  - ✓ Smoke detector with intact batteries
  - ✓ Automatic sprinkler system
- Employee alarm system:
  - ✓ < 10 employees - direct voice communication, as in safety words
  - ✓ > 10 employees - audible alarm sound (an intercom with a code word would suffice)

Access and Safety Criteria (continued)

Emergency health care services are available and accessible 24/7.

- Emergency equipment and medications are accessible and stored together. They are not expired and must be replaced/restocked immediately after use.
  - ✓ **(CE)** Airway management: oxygen tank, bulb syringe, nasal cannula or mask, and Ambu bag
  - ✓ O2 Tank must be at least ¾ full. Nasal cannula/masks, and Ambu bags appropriate for the populations seen
  - ✓ If seeing newborn/infant members, it is highly recommended to have an infant Ambu bag on site
  - ✓ **(CE)** Emergency medications for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia:
    - Epinephrine 1mg/ml (injectable)
    - Diphenhydramine 25mg (oral) or 50mg/ml (injectable)
    - Naloxone
    - Chewable aspirin 81mg
    - Nitroglycerin spray/tablet
    - Bronchodilator medication (nebulizer solution or metered dose inhaler)
    - Glucose (any type, at least 15 grams)
    - Appropriate size of ESIP needles/syringes and alcohol wipes
- Medication dosage chart for all medications in emergency kit
- Emergency phone number list is posted and annually updated
- Documentation for checking emergency medication, equipment, and supplies at least monthly (e.g., paper/electronic log, monthly inventory list)

Medical and lab equipment used for patient care is properly maintained.

- Documentation of maintenance (calibration stickers, written logs, receipts and/or proof of calibration exemption)
- American National Standards Institute (ANSI) calibration for audiometer

Personnel Criteria

Professional health care personnel (CNM, CRT, DO, LM LVN, NP, MD, PA and Radiological Tech) and site personnel are qualified and trained for assigned responsibilities.

- All required Professional Licenses and Certifications (not expired)
- Notification is provided to each member that the MD is licensed and regulated by the medical board, and that the Physician Assistant (PA) is licensed and regulated by the physician assistant committee:
  - ✓ Notice to consumers: MD, DO, NP, PA
  - ✓ Posted sign that includes a QR code in visible location

    OR
  - ✓ Written statement of notification signed and dated by the patient

Health care personnel are properly identified.

- Health care personnel wear identification badges/tags printed with name and title

Site personnel are qualified and trained for assigned responsibilities.

- Medical Assistants (MAs) documentation of education/training:
  - ✓ Diploma or certification
  - ✓ Mid-level supervision of MA (if applicable)
  - ✓ Facilities with pediatrics (under 21 years) complete the following pediatric preventive training (valid for four years):
    - Audiometric screening
    - Vision screening
    - Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile
    - Dental screening and fluoride varnish application

Personnel Criteria (continued)

- **(CE)** Only qualified/trained personnel retrieve, prepare, or administer medications
  - ✓ All medications including vaccines must be verified with (shown to) a licensed person before administration
    - MA **cannot** administer anesthetics (xylocaine, lidocaine)
- MA **must** have completed at least the minimum number of training hours established in CCR, Title 16, Section 1366.1
- Site has a procedure in place for confirming the correct patient, medication, and vaccine dosage and route before administration
- Only qualified/trained personnel operate medical equipment
- Staff can demonstrate appropriate operation of medical equipment used in their scope of work
  - ✓ Staff can provide return demonstrations for equipment such as EKGs, Audiometer, O2 tank etc.

Standardized procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).

- Scope of practice for non-physician medical practitioners (NPMP) is clearly defined
- Standardized procedures define the scope of practice for NPs and CNMs including the delegation of the supervision of MAs when supervising physician is off site
- The standardized procedures must have the following:
  - ✓ Be in writing, dated, and signed by the organized health care system
  - ✓ Specify which standardized procedure functions registered nurses may perform and under what circumstances
  - ✓ State any specific requirements to be followed by registered nurses performing standardized procedure functions
  - ✓ Specify any experience, training, and/or education requirements for performance of standardized procedure functions
  - ✓ Establish a method for initial and continuing evaluation of competence of registered nurses authorized to perform standardized procedure functions

Personnel Criteria (continued)

- ✓ Specify the scope of supervision required for performance of standardized procedure functions like telephone contact with the physician
- ✓ Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition
- ✓ State the limitations on settings, if any, in which standardized procedure functions may be performed
- ✓ Specify patient record-keeping requirements
- ✓ Provide a method of periodic review of the standardized procedures

A practice agreement defines the scope of services provided by PAs. Supervisory guidelines define the method of supervision by the supervising physician.

- Practice agreement must address the following:
  - ✓ Defines specific procedures identified in practice protocols or specifically authorized by the supervising physician, and must be dated and signed by the physician and PA
  - ✓ The delegation of the supervision of MAs when the supervising physician is not on site
  - ✓ An original or copy must be readily available at all practice sites in which the PA works
  - ✓ Policies and procedures to ensure adequate supervision of the PA
  - ✓ The furnishing or ordering of drugs or devices by a PA
  - ✓ Methods for continuing evaluation of the competency and qualifications of the PA
  - ✓ Emergency transport of patients and back-up procedures (e.g., can call 911, name of hospital to transport patient included in Practice Agreement) for when the supervising physician is not on the premises
  - ✓ Any additional provisions agreed to by the PA and the supervising physician

Personnel Criteria (continued)

Standardized procedures, practice agreements, and supervisory guidelines are revised, updated, and signed by the supervising physician and Non-Physician Medical Practitioner (NPMP) when changes in scope of services occur.

- Standardized procedures and practice agreements shall undergo periodic review with signed, dated revisions
- To identify changes in service scope, the frequency of reviews shall be explicitly stated in writing
- Evidence of NPMP supervision

Each NPMP that prescribes controlled substances has a valid DEA registration number.

- Each NP, CNM, and PA that prescribes controlled substances is required to have a valid DEA registration number

NPMPs are supervised according to established standards.

- A supervising or backup physician must be available in person or electronically whenever an NPMP is providing patient care
- Ratio to number of NPMPs does not exceed established ratios in any combination
  - ✓ 1:4 NPs
  - ✓ 1:4 CNMs
  - ✓ 1:4 PAs

Evidence of NPMP supervision.

- Evidence of supervision of NPMPs are verifiable through on-site observation of supervisory processes, documentation, or supervision/NPMPs knowledge of the process

Personnel Criteria (continued)

Site personnel receive safety training.

- Personnel must be able to locate policy/protocols
- **ALL** staff has received **annual** training:
  - ✓ Infection Control/Universal Precautions
  - ✓ Bloodborne Pathogens Exposure Prevention
  - ✓ Biohazardous Waste Handling

Site personnel receive training on member rights.

- The following topics must have training **at least once OR as needed:**
  - ✓ Patient Confidentiality
  - ✓ Informed Consent, including Human Sterilization (as applicable)
  - ✓ Prior Authorization Requests
  - ✓ Grievance/Complaint Procedure
  - ✓ Child/elder/Domestic Violence Abuse
  - ✓ Sensitive Services/Minors' Rights (as applicable)
  - ✓ Health Plan Referral Process/Procedures/Resources
  - ✓ Cultural and Linguistic Training
  - ✓ Disability Rights and Provider Obligations
    - As part of Cultural, Linguistic, and Disability Rights and Provider Obligations, a "notice of consumer civil rights" must be posted. Post must include the consumers' rights, their right to receive communication assistance, and the taglines in the top 15 languages spoken by individuals with LEP in the states.
    - A sample OCR notice can be found on the IEHP Site Review Resource page.
  - ✓ Fire Safety and Prevention
  - ✓ Emergency non-medical (evacuation, workplace violence)

Office Management Criteria

Physician coverage is available 24/7.

- Clinic hours are posted or available upon request
- Provider office hour schedules are available to staff:
  - ✓ IEHP standard requirement: 40 hours/week
  - ✓ IEHP rural requirement: eight hours/week
- Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available. Staff can contact the physician (or covering physician) if physician is not on site
- Routine, urgent care instructions/telephone information is made available to patients
- After-hours member access:
  - ✓ Outgoing message must include the name of the provider/site after-hours emergency and urgent instructions
  - ✓ Provider (PCP and/or NPMP) 30 - minute timeframe to return the call
  - ✓ IEHP members can utilize IEHP nurse advice line: 1-888 -244-4347

There are sufficient health care personnel to provide timely, appropriate health care services.

- Appropriate personnel handle emergent, urgent, and medical advice telephone calls
  - ✓ Only licensed medical personnel (MD, DO, NP, RN, NP, CNM, LM) can triage telephone calls and provide medical advice
  - ✓ Non-licensed personnel (MA) can provide patient information or instructions only as authorized by the physician
  - ✓ The LVN may not perform triage processes that include independent evaluation, interpretation of data, determination of treatment priorities, and levels of care
  - ✓ Site must have a method for receiving messages (voicemail, answering service) if phone calls are not answered during and after office hours. It must be checked regularly

Office Management Criteria (continued)

Health care services are readily available.

- Appointments are scheduled according to patients stated clinical needs within the timeliness standards established for Plan members
- Access standards/appointment timelines and verification:
  - ✓ Well-child visit: 14 days
  - ✓ Urgent appointment: within 48 hours/two business/working days
  - ✓ Initial health appointment (all ages): within 120 days
  - ✓ Non-urgent visit: within 10 business/working days
- Sites should have a process in place for reaching out to newly assigned members and conducting IHA
- Patients must be notified of upcoming appointments
- There is a follow-up process for missed, cancelled, and rescheduled visits

There is 24-hour access to interpreter services for non/limited-English proficient (LEP) members.

- Interpreter services are available either via phone or on site
- Site personnel performing medical interpretation must have documentation of certification
  - ✓ Family or friends are not recommended for medical interpretation, unless it is per patient's request. Interpreter must be at least 18 years old

Procedures for timely referral/ consultative services are established on site.

- Office practice procedures allow timely provision and tracking of:
  - ✓ Processing internal and external referrals, consultant reports, and diagnostic test results (site staff can demonstrate the office referral process from beginning to end)
  - ✓ Site must have their own referral tracking process/procedure
- **(CE)** Physician review and follow-up of referral/consultation reports and diagnostic test result

Office Management Criteria (continued)

Member grievance/ complaint processes are established on site.

- Phone number for filing grievances is posted on site
- Grievance policy and complaint forms are available on site
  - ✓ The site should have at least one physical copy on site in English and Spanish

Medical records are available for the practitioner at each scheduled patient encounter.

- Medical records are readily retrievable for patient encounters
  - ✓ If using an EMR, the site must have a back-up system in case of a power outage
  - ✓ If sites store medical records off-site, they must have a timely process for retrieval and filing back
- Medical documents are filed in a timely manner to ensure availability for patient encounters
  - ✓ Documents must be scanned/entered in the patient's chart in a timely manner

Confidentiality of personal medical information is protected according to state and federal guidelines.

- Exam rooms and dressing areas safeguard patients' right to privacy
  - ✓ Exam room doors are closed during patient visit
- Procedures are followed to maintain the confidentiality of personal patient information
  - ✓ No PHI should be visible to unauthorized personnel
  - ✓ Computers should have privacy screens and/or locked when not in use
- Medical record release procedures are compliant with state and federal guidelines
- Medical record release form has an expiration date and/or duration
- Storage and transmittal of medical records preserves confidentiality and security
  - ✓ Fax cover sheet must have confidentiality statement
- Medical records are retained for at least 10 years

Clinical Services: Pharmaceutical Criteria

Drugs and medication supplies are maintained and secured to prevent unauthorized access.

***All deficiencies in pharmaceutical must be addressed in a Corrective Action Plan (CAP).**

- Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers
- Drugs, drug samples, over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments, hazardous substances, and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic
  - ✓ The Medical Board defines "secure" to mean "locked"
- Controlled drugs are stored in a locked space accessible only to authorized personnel
  - ✓ Controlled medications should be stored separately from other drugs in a securely locked substantially constructed cabinet accessible only to authorized personnel
- Dose–by–dose Controlled Substance Distribution Log is maintained:
  - ✓ Provider's DEA
  - ✓ Name of medication
  - ✓ Original quantity of drug
  - ✓ Dose
  - ✓ Date
  - ✓ Name of person receiving the drug
  - ✓ Name of authorized person dispensing drug
  - ✓ Number of remaining doses
- Site-specific policy/procedure and for dispensing sample drugs

Clinical Services: Pharmaceutical Criteria (continued)

Drugs are handled safely and stored appropriately.

- Drugs are prepared in a clean area or "designated clean" area if prepared in a multi-purpose room
- Drugs for external use are stored separately from drugs for internal use
- Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs
- Refrigerator thermometer temperature is 36° to 46° Fahrenheit or 2° to 8° Centigrade (at time of site visit)
- Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at time of site visit)
- Site utilizes drugs/vaccine storage units that can maintain required temperature
  - ✓ Cannot store vaccines in a dormitory-style refrigerator with freezer component
- Daily temperature readings of drugs/vaccines refrigerator and freezer are documented
  - ✓ Sites storing vaccines must have a continuous temperature monitor device (digital datalogger) and back-up
- Written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer
- Drugs/vaccines are stored separately from test reagents, germicides, disinfectants, etc.
- Hazardous substances are appropriately labeled
  - ✓ If any substances are transferred out of the original container, the secondary container must be labeled with:
    - The name of the substance
    - Description of hazard warning: words, pictures, symbols
    - Date of preparation or transfer
- Site has method(s) in place for drug and hazardous substance disposal

Clinical Services: Pharmaceutical Criteria (continued)

Drugs are dispensed according to state and federal drug distribution laws and regulation.

- There are no expired drugs on site:
  - ✓ The manufacturer's expiration date must appear on the labeling of all drugs and formulas
  - ✓ Per CDC - medication vials should be discarded whenever sterility is compromised or questionable
  - ✓ Per CDC - multi-dose medication vials expire 28 days after opening
- **Site has a procedure to check expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas.**
  - ✓ Site has a procedure to check expiration date of all drugs (including vaccines and samples) infant and therapeutic formula AT LEAST monthly
- All stored and dispensed prescription drugs are appropriately labeled
- **(CE)** Only lawfully authorized persons dispense drugs to patients
- **(CE)** Drugs and vaccines are prepared and drawn only prior to administration
- Current Vaccine Information Sheets (VIS) for distribution to patients are present on site
  - ✓ If downloading information sheets from the appropriate websites, the site should have at least one physical copy of VIS on site in case of no internet access
- If there is a pharmacy on site, it is licensed by the CA State Board of Pharmacy
- Site utilizes California Immunization Registry (CAIR) or the most current version

Clinical Services: Lab and Radiology Criteria

Site is compliant with Clinical Laboratory Improvement Amendment (CLIA) regulations.

- Laboratory test procedures are performed according to current site-specific CLIA certificate
  - ✓ CLIA certificate includes one of the following:
    - Certificate of waiver: Site can only perform only exempt waived tests
    - Certificate for Provider-Performed Microscopy (PPM): physicians, dentists, or NPMPs can perform PPM procedures and waived tests
  - ✓ A multi-site CLIA waiver can be used at all affiliated locations. A copy of the CLIA waiver must be at each individual location with the address of the main location on the waiver. A copy of the CLIA application must be reviewed by the CSR to verify locations included for old and new locations
- Testing personnel performing clinical lab procedures have been trained
- Lab supplies (e.g. vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons and not expired
- Site has a procedure to check expiration date and a method to dispose of expired lab test supplies

Clinical Services: Radiology Criteria

Site meets California Department of Public Health (CDPH) radiological inspection and safety regulations.

- Site has current CA Radiologic Health Branch Inspection Report and Proof of Registration if there is radiological equipment on site:
  - ✓ Mammography equipment is inspected annually
  - ✓ High-priority equipment (e.g. fluoroscopy, portable X-ray) is inspected every three years
  - ✓ Medium priority (X-ray machines) are inspected every four to five years, depending on the volume of patients
- Current copy of Title 17 with a posted notice about availability of Title 17 and its location
- "Radiation Safety Operating Procedures" posted in highly-visible location
- "Notice to Employees Poster" posted in highly-visible location
- "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment
- Physician supervisor/operator certificate posted and within current expiration date
- Technologist certificate posted and within current expiration date
- Operator protection devices: radiological equipment operator must use lead apron or lead shield
- Gonadal shield (0.5 mm or greater lead equivalent) for patient procedures in which gonads are in direct beam:
  - ✓ DEXA scanner manufacturer guidelines do not require gonadal shielding or lead aprons due to very low radiation output
  - ✓ A traditional X-ray machine used for bone density testing is not a DEXA scanner and may require shielding/apron

Preventive Services Criteria

Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases.

- Exam tables and lights are in good repair:
  - ✓ Masking tape can be used to cover minor rips and tears
- Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh)
- Thermometer with a numeric reading
- Basic exam equipment: percussion hammer, tongue blades, patient gowns
- Scales - standing balance beam and infant scales:
  - ✓ Spring balance scales cannot be used for clinical use
  - ✓ Infant scales should have a 35-pound capacity
  - ✓ Standing floor scales should have a 300-pound capacity
- Measuring devices for stature (height/length) measurement and head circumference measurement:
  - ✓ Infantometer as applicable
  - ✓ Must have a wall-mounted height-measure device for sites that service pediatric members
- Eye charts (literate, illiterate, and occluder for vision testing):
  - ✓ Eye charts should be wall-mounted and height-adjustable
  - ✓ Examiners shall stand their patients with their heels to the line unless otherwise stated per manufacturer instructions
  - ✓ The LEA or HOTV eye charts are required for use on pediatric members three to five years of age
  - ✓ Sloan (preferred) or Snellen Letters (over five years old)
  - ✓ Pediatric occluders (10 years and under) cannot be handheld. Must use eye patch, 3-inch hypoallergenic tape, and/or vision goggles
  - ✓ Hands are NOT to be used to occlude the eye at any age
- Ophthalmoscope and Otoscope (with multi-size ear speculums appropriate to the population served

Preventive Services Criteria (continued)

- Pure-tone, air conduction audiometer is in a quiet location for testing:
  - ✓ Audiometer must produce frequencies up to 8000hz
  - ✓ Must have ANSI calibration

Health education services are available to Plan members.

- Health education materials and Plan-specific resource information are:
  - ✓ Readily accessible on site or are made available upon request
  - ✓ Applicable to the practice and population served on site
  - ✓ Available in threshold languages identified for county and/or area of site location
    - The health education materials do not necessarily need to come from IEHP; however, the materials must have the Medi-Cal Managed Care readability and suitability requirements. These requirements include for the materials to be at a 6th grade reading level per APL 18-016

Infection Control Criteria

Infection control procedures for standard/ universal precautions are followed.

***All deficiencies in infection control must be addressed in a CAP.**

- Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing:
  - ✓ When running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic towelettes are acceptable until running water is available
- A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms:
  - ✓ Closed containers are not required for regular, solid waste trash
- Site has a procedure for effectively isolating infectious patients with potential communicable conditions:
  - ✓ Personnel can demonstrate or verbally explain procedure(s) used on site to isolate patients with potentially contagious conditions

Site is compliant with Occupational Safety and Health Association (OSHA) Bloodborne Pathogens Standard and Waste Management Act.

- **(CE)** Personal Protective Equipment for Standard Precautions is readily available for staff use:
  - ✓ Gloves, water repellent gown, face/eye protection (i.e., goggles/face shield), and mask
  - ✓ Best practice to have extra PPEs on site for all staff and/or multiple isolation incidences
- **(CE)** Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection
- **(CE)** Needlestick safety precautions are practiced on site:
  - ✓ Sharps containers are secure (wall-mounted or locked) inaccessible to unauthorized persons and not overfilled past fill line / ¾ full
  - ✓ Safety needles are used

Infection Control Criteria (continued)

- All sharp injuries are documented:
  - ✓ The Sharps Injury Log must contain, at a minimum, information about the injury, the type and brand of device involved in the injury (if known), the department or work area where the exposure occurred, and an explanation of how the incident occurred
- Biohazardous (non-sharp) wastes are contained separate from other trash/waste
- Storage areas for regulated medical waste are maintained, secure, and inaccessible to unauthorized persons:
  - ✓ If stored outside the office, a lock secures the entry door, gate or receptacle lid, and posted warning sign(s) in English and Spanish are visible for 25-feet:
    - o "CAUTION-BIOHAZARDOUS WASTE STORAGE AREA- UNAUTHORIZED PERSONS KEEP OUT" and CUIDADO-ZONA DE RESIDUOUS-BIOLOGICOS PELIGOROS-PROHIBIDA LE ENTRADA A PERSONAS NO AUTHORIZADAS"
- Contaminated laundry is laundered at the workplace or by a commercial laundry service
- 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)
  - ✓ Only medical waste transporters listed with CDPH can transport medical waste
  - ✓ Limited-quantity exemption is not required for Small Quantity Generator (up to 35.2 pounds) However, a medical waste-tracking document includes the name of the person transporting, number of waste containers, types of medical wastes, and date of transportation - must be kept for a minimum of 3 years
  - ✓ Current waste hauler contract is accepted in lieu of medical waste tracking document

Contaminated surfaces are decontaminated according to Cal-OSHA standards.

- Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood and other potentially infectious material
- Routine cleaning and decontamination of equipment/work surfaces is completed according to site-specific written schedule:
  - ✓ Written routine cleaning and decontamination "housekeeping" schedules are established and are followed for regular daily cleaning

Infection Control Criteria (continued)

- ✓ Must identify area cleaned/decontaminated
- ✓ Frequency of cleaning/decontamination
- ✓ Employee responsible for determining and implementing the written schedule

- Disinfectant solution used on site is approved by the Environmental Protection Agency (EPA), effective in killing HIV/HBV/TB, and site must follow manufacturer instructions:
  - ✓ Staff can identify cleaning and disinfection of surfaces and equipment, the disinfectant used and responsible personnel in between patients use
  - ✓ 10% Bleach solution = 1:10, label, and change every 24 hours

Reusable medical instruments are properly sterilized after each use.

- Written site-specific policy/procedures or manufacturer's instructions for instrument/equipment sterilization are available to staff:
  - ✓ Policy/procedure must include pre-treatment, cleaning, preparation, management of chemical solutions, autoclave loading and operation, safety guidelines, precautions, and other required processes, which are available for staff to follow
- Cleaning reusable instruments/equipment prior to sterilization:
  - ✓ Staff will be requested to verbalize or demonstrate prior to sterilization process to include soiled instruments/equipment are thoroughly cleaned using enzymatic detergent, rinsed, dried, and inspected for the presence of dried blood or other debris
- **(CE)** Cold Sterilization - 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
  - ✓ Product manufacturer's directions are followed and available to staff for instrument pre-soaking treatment, solution preparation, solution exposure procedures and times, solution expiration date, safety precautions (e.g., room temperature, area ventilation), and post-sterilization processes

Infection Control Criteria (continued)

- Confirmation from manufacturer item(s) is/are heat sensitive:
  - ✓ The use of a liquid chemical sterilant should be restricted to reprocessing devices that are heat-sensitive and incompatible with other sterilization methods. All other items should be heat sterilized or disposable
- **(CE)** Appropriate PPE is available, exposure control plan, Material Safety Data Sheets (MSDS) and clean up instructions in the event of a cold chemical sterilant spill:
  - ✓ Safety awareness staff training is highly recommended
  - ✓ Staff must be aware of and be able to verbalize or demonstrate the procedures for clean up in the event of spillage
  - ✓ Appropriate PPE for cold chemical sterilant clean up must be readily available

Autoclave/steam sterilization

- Staff demonstrate/verbalize necessary steps/process to ensure sterility:
  - ✓ Documentation of sterilization loads include date, time, and duration of run cycle, temperature, steam pressure, and operator of each run
  - ✓ If instruments/equipment are transported off-site for sterilization, equipment handling, and transport procedures are available on site to staff
- Autoclave maintenance per manufacturer's guidelines:
  - ✓ Maintenance documentation includes mechanical problems, inspection dates, results of servicing, calibration, repairs, etc.
  - ✓ Manufacturer directions are strictly followed for instrument pre-cleaning, machine loading, operation safety precautions, minimum time-temperature criteria, and post-sterilization processes
  - ✓ Written operating procedures for autoclave are on site
  - ✓ Autoclave maintenance per manufacturer's guidelines
  - ✓ In lieu of manufacturers' guidelines, evidence of autoclave service by qualified technician i.e., dated sticker or service receipt is acceptable

Infection Control Criteria (continued)

- **(CE)** Spore testing of autoclave/steam sterilizer with documented results (at least monthly):
  - ✓ At minimum, conducted monthly (regardless if autoclave was used or not)
  - ✓ Procedure for performing spore test is available on site
  - ✓ Documentation includes date, results, spore test type, person performing test
  - ✓ Documentation of monthly spore testing must be maintained on site even for sterilization that is performed off site
- **(CE)** Management of positive mechanical, chemical, and biological indicators of the sterilization process:
  - ✓ Written procedures for handling positive spore test is available on site
  - ✓ Procedures include remove from service until negative retest occurs, report problem, repair autoclave, retrieve instruments sterilized since last negative spore test, re-test autoclave, re-sterilize retrieved instruments
  - ✓ Sterilized packages are labeled with sterilization date and load identification information, staff initials, and content list
  - ✓ If content is listed on a log, package contents don't need to be labeled on package
- Storage of sterilized packages:
  - ✓ Sterilized packages must be stored in clean, dry area away from anything that can compromise package
  - ✓ Sterilized packages do not need an expiration date. Re-sterilization is conducted based on the integrity of the package i.e., damaged or compromised
  - ✓ Site has a process for routine evaluation of sterilized packages

MEDICAL RECORDS REVIEW

Format Criteria

Member identification is on each page.

- Two patient identifiers on all pages:
  - ✓ First + last name and a unique identifier
  - ✓ When scanning in documents such as screening forms/packets/double-sided documents scanned into the EMR, ensure member identifier is on each page

Individual personal biographical information is documented.

- Must include the following - DOB, address, phone number, name of parent/legal guardian if a minor:
  - ✓ If a member refuses to provide the information, "refused" is documented in the medical record

Emergency "contact" is identified.

- Name and phone number identified
- Minors must have parent/legal guardian listed as primary emergency contact:
  - ✓ If a member refuses to provide the information, "refused" is documented in the medical record

Medical records are maintained and organized.

- The format of printed and/or electronic records are uniformly organized, and securely fastened (paper charts)
- Medical record information should be readily available, and all hard copy printed documents shall belong to the medical record established for each member:
  - ✓ Reusing blank sides of printed documents belonging to another member is not acceptable

Members assigned and/or rendering PCP is identified

- The assigned and/or rendering PCP is always identified when there is more than one PCP on site:
  - ✓ Insurance card, practitioner stamp, eligibility verification, assigned physician vs. rendering physician, etc.

Format Criteria (continued)

Primary language and linguistic service needs of non-or of Limited English Proficiency (LEP) or hearing/speech-impaired persons are prominently noted.

- Primary language is documented at least once in medical record:
  - ✓ If English is not the primary language, there must be documentation confirming if the member needs interpreter services

Person or entity providing medical interpretation is identified.

- If an interpreter is needed, the interpreter must be identified
- Family/friends should not be used as interpreters unless specifically requested by the member and documented in the member's chart
- Interpreters must be 18 years or older:
  - ✓ Various documents can be accepted to documented linguistic service needs such as intake form, demographic form, Electronic Medical Record (EMR) fields, consent forms, etc.

Signed Copy of the Notice of Privacy (HIPAA)

- The Notice of Privacy Practices (NPP) is required by HIPAA for all covered entities, such as health care providers, health plans, and health care clearing houses:
  - ✓ The NPP is a document that explains how a Health 857 care provider or organization uses and discloses Protected Health Information (PHI). It also outlines an individual's privacy rights regarding their health information
  - ✓ Signed acknowledgement and/or copy of signed document
  - ✓ Must be in plain language that is understandable to the patient. Best practice to provide in patient's primary language

Documentation Criteria

Allergies are prominently noted.

- Allergies and adverse reactions are listed in a prominent and consistent location in the medical record
- If no allergies, document as NKDA/NKA

Chronic problems and/or significant conditions are listed.

- Can be documented either as a separate "problem list" OR a clearly identifiable problem list in the progress notes
- All chronic (long term/on-going conditions) or significant problems are considered current if no "end date" is documented

Current continuous medications are listed.

- Can be documented either as a separate "medication list" OR a clearly identifiable medication list in the progress notes
- Current medication list must include:
  - ✓ Medication name
  - ✓ Strength
  - ✓ Dosage
  - ✓ Route (if other than oral)
  - ✓ Frequency
- Discontinued medications are noted on the medication list or in progress notes

Appropriate consents are present.

- Consent must be obtained before release of patient information
- Human sterilization requires the Department of Health Care Services (DHCS) Consent Form PM 330 if services are performed on site
- The following may sign consent forms for operative and invasive procedures:
  - ✓ Adults
  - ✓ Emancipated minor
  - ✓ Parents/legal guardians of a minor
- Under the CA Family Code, Section 7122.9, persons under 18 years of age are emancipated if they:
  - ✓ Have entered into a valid marriage
  - ✓ Have received a court declaration of emancipation
  - ✓ Are on military active duty

Documentation Criteria (continued)

Advance health care directive information is offered.

- Begin offering Advance Health Care Directive information to members starting at 18 years old. Document when this was offered
- If patient has a Physician Orders for Life-Sustaining Treatment (POLST)/Five Wishes and they are open to providing a copy to the PCP, verify if it was appropriately completed and signed by necessary parties
- Advance Health Care Directive Information must be offered and/or reviewed with the member at least every five years, or more often as needed. Document the dates of review

All entries are signed, dated, and legible.

- Signature includes:
  - ✓ First initial, last name, and title of health care personnel providing care, including medical assistants
  - ✓ Initials and titles may be used only if signatures are specifically identified elsewhere in the medical record (e.g. signature page)
  - ✓ If a signature page is used, it may be in the member's medical record or available elsewhere on site and must include all previous and current employees who document in medical records
- Stamped signatures are acceptable but must be authenticated (countersigned or initialed)
- Dated entries include:
  - ✓ Month/day/year
  - ✓ Entries are in reasonably consecutive order by date
  - ✓ If using EMR, encounter must be signed off and/or closed within 30 days of the encounter date
- Handwritten documentation:
  - ✓ Does not contain skipped lines or empty spaces where information can be added
  - ✓ Entries are not backdated or inserted into spaces above previous entries

Documentation Criteria (continued)

- Legibility:
  - ✓ Must be legible: readable by a person other than the writer
  - ✓ Only standard abbreviations are used
  - ✓ All medical record documentation must be in English
  - ✓ Must be entered in ink that can be readily/clearly copied
- Omissions are charted as a new entry
- Late entries are explained in the medical record, signed, and dated

Errors are corrected according to legal medical documentation standards.

- The person that makes the documentation error corrects the error
- Example correction methods:
  - ✓ Single line drawn through the error, with the writer's initial and date written above or near the lined-through entry
  - ✓ Single line and initial
  - ✓ The corrected information is written as a separate entry and includes date of entry, signature (or initials), and title
- There are no unexplained cross-outs, erased entries, or use of correction fluid
- Both the original entry and corrected entry are clearly preserved

Coordination Criteria

History of present illness or reason for visit is documented.

- Chief complaint is acceptable

Working diagnosis are consistent with findings

- Each visit has a documented "working" diagnosis derived from:
  - ✓ A physical exam ***and/or***
  - ✓ "Subjective" information (chief complaint, reason for the visit as reported by the member)
- The documented "objective" information (i.e., assessment, findings, and conclusion) relate to the working diagnosis

Treatment plans are consistent with diagnosis.

- A plan of treatment, care and/or education related to the stated diagnosis is documented for each diagnosis

Instruction for follow-up care is documented.

- Every visit with the provider shall have specific follow-up instructions including telehealth visits:
  - ✓ Time period for return visits or other follow-up care is definitively stated in number of days, weeks, months, or PRN (as needed)

Unresolved continuing problems are addressed in subsequent visit(s).

- Previous complaints and unresolved or chronic problems are addressed in subsequent notes until problems are resolved, or a diagnosis is made

There is evidence of practitioner review of specialty/consult/referral reports and diagnostic test results.

- There is documented evidence of practitioner review of records such as diagnostic studies, lab tests, X-ray reports, consultation summary inpatient/discharge records, emergency and urgent care reports, and all abnormal and/or "STAT" reports
- Evidence of review may include:
  - ✓ Practitioner's initials or signature on the report
  - ✓ Notation in the progress notes

Coordination Criteria (continued)

- Site-specific method of documenting practitioner review

There is evidence of follow-up of specialty/consult/referral made, and the results/reports of diagnostic tests, when appropriate.

- Documentation includes:
  - ✓ Consultation reports and diagnostic test results for ordered requests
  - ✓ Abnormal test results/diagnostic reports have explicit notation in the medical record which includes attempts to contact the member/guardian, notation of follow-up instructions/return office visits, instructions, referrals, and/or other pertinent information
  - ✓ If the consult/report is not received, outreach attempts to obtain the missing consult note/diagnostic report must be documented
  - ✓ Timeframe of follow-up of specialty/consult/referrals will be based on the site's referral tracking process (the process must include at least one attempt for outreach/follow-up contact)

Missed primary care appointment and outreach efforts/follow-up contacts are documented.

- Documentation includes:
  - ✓ Incidents of missed/broken appointments, cancellations, or "no shows" with the PCP office
  - ✓ Attempt to contact the member or parent/guardian and the results of the follow-up action
  - ✓ There must be at least one attempt for outreach/follow-up contact

Pediatric Preventive: Initial Health Appointment

Initial Health Appointment (IHA)

- The target population:
  - ✓ Members < 18 months old, complete within 120 days of Plan enrollment* or within AAP Bright Futures Periodicity Schedule
  - ✓ Members 18 months and older, complete within 120 days of Plan enrollment* or PCP effective date (or within the previous 12 months of enrollment)
- Must include:
  - ✓ History of Present Illness (HPI)
  - ✓ Past medical history (physical and mental)
  - ✓ Assessment of need for preventive screens or services
  - ✓ Social history
  - ✓ Health education
- If an H&P is not found in the medical record, the reasons (e.g., member/parent refusal, missed appt.) and contact attempts to schedule/reschedule are documented
- Well child visit counts if done via telemedicine or in conjunction with sick visit. If conducted via telemedicine, there must be documentation of a scheduled appointment for an in-person physical exam
- The recommended screening tool(s) are:
  - ✓ Comprehensive Health Assessment Forms by Age
  - ✓ Recommendations for Comprehensive Pediatric Health Assessment + Tools
  - ✓ IHA Roster Accessible through IEHP Provider Portal

Pediatric Preventive: Initial Health Appointment (continued)

Initial Member Risk Assessment | Psychosocial/ Behavioral Assessment.

- The target population is all ages
- Requirements:
  - ✓ Initial member risk assessments related to health and social needs of members, including cultural, linguistic, and health education needs, health disparities and inequities, lack of coverage/access to care, and Social Drivers of Health (SDOH) shall be conducted within 120 days of PCP effective date and/or date of enrollment into the Plan (whichever is more recent)
- An assessment of at least one of the following risk assessment domains meets the standard:
  - ✓ Health Risk Assessment (HRA)
  - ✓ SDOH
  - ✓ Adverse Childhood Experiences (ACES) birth to 64 years old)
- The recommended screening tool(s) are:
  - ✓ Social Needs Screening Tool – all ages
  - ✓ Pediatric ACEs and Related Life-Events Screener (PEARLS) 0-19 years of age or Adverse Childhood Experiences (ACEs) – birth to 64 years (3 versions: 0-11 yo, 12-19 yo, & 18yo+)

Pediatric Preventive: Periodic Health Evaluation

Subsequent Comprehensive History & Physical (H&P).

- The target population is all ages
- Requirements:
  - ✓ Frequency is based on Bright Futures/American Academy of Pediatrics
- Well-child visit counts if done via telemedicine or in conjunction with sick visit:
  - ✓ If a well-child visit is conducted via telemedicine, there must be a scheduled appointment to conduct the physical exam and/or member/parent refusal
- The recommended screening tool(s) are:
  - ✓ Periodicity Schedule – American Academy of Pediatrics

Subsequent Member Risk Assessment.

- The target population is all ages
- Requirements:
  - ✓ Completed annually or more frequently if any significant changes in health status are identified:
  - ✓ (HRA, SDOH, and/or ACES)
- The recommended screening tool(s) are:
  - ✓ Social Needs Screening Tool – all ages
  - ✓ Pediatric ACEs and Related Life-Events Screener (PEARLS) 0-19 years of age
  - ✓ Adverse Childhood Experiences (ACEs) – birth to 64 years (3 versions: 0-11 yo, 12-19 yo, & 18yo+)

Pediatric Preventive: Periodic Health Evaluation (continued)

Psychosocial/Behavioral Assessment

- The target population is all ages
- Requirements:
  - ✓ Completed at every well-child visit
  - ✓ This assessment should be family-centered and may include an assessment of child social-emotional health, caregiver depression, and SDOH:
    - If using SDOH and/or PEARLS/ACES for the risk assessment, it also counts towards this criterion
- The recommended screening tool(s) are:
  - ✓ Social Needs Screening Tool – all ages
  - ✓ Pediatric ACEs and Related Life-Events Screener (PEARLS) 0-19 years of age
  - ✓ Adverse Childhood Experiences (ACEs) – birth to 64 years (3 versions: 0-11 yo, 12-19 yo, & 18yo+)

Pediatric Preventive: Screenings

(All screens need evidence of provider review)

Alcohol use and Drug Use Disorder Screening and Behavioral Counseling.

- The target population starts at age 11, administering screening tool at every Well Care visit
- Requirements:
  - ✓ Annual screening: when a screening is positive, a validated screening tool is used to determine if unhealthy use is present
  - ✓ If alcohol/drug misuse is identified, appropriate interventions must be documented:
    - Brief misuse counseling
    - Appropriate referral for additional evaluation and treatment options
    - Referrals or services must be offered
- The recommended screening tool(s) are:
  - ✓ Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)
  - ✓ Screening to Brief Intervention (S2BI)
  - ✓ Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)

Anemia Screening

- Preform risk assessment for target population starting at month 4, 15, 18, 24, 30, up to 3 years, then annually
- Requirements:
  - ✓ Test serum hemoglobin (Hgb) at 12 months
  - ✓ Positive risk factor → document appropriate follow-up
  - ✓ Low Hgb should also test for Lead (Pb)
- The recommended screening tool(s) are:
  - ✓ What Does Your Child Eat (Birth - 8 years)
  - ✓ Youth Nutrition and Activity Assessment (8 - 19 years)

Pediatric Preventive: Screenings (continued)

- ✓ Diet/Nutrition – Is it Regular/Adequate? Enough Iron-Rich foods? Under 6 Months Drink Formula or Breast Milk?
- ✓ Evaluate Menstrual Status for Females, Heavy?
- ✓ Chronic Conditions that can Cause Slow Chronic Blood Loss from an Ulcer

Anticipatory Guidance

- The target population is from birth – 21 years at every Well Care visit
- Requirements:
  - ✓ Document at each well child visit
  - ✓ Specific to age of patient
    - Ages 6 months- 6 years: Anticipatory guidance regarding Lead Risk and Exposure should be discussed and documented
- The recommended screening tool(s) are:
  - ✓ Bright Futures Parent Handouts
  - ✓ CDC's Developmental Milestones

Anthropometric Measurements

- The target population is from birth – 21 years at every Well Care visit
- Requirements:
  - ✓ Infants – 24 months → Length/height, weight, head circumference, and measurements plotted on (WHO) growth chart
  - ✓ 2-21 years → Height, weight, BMI percentile, and measurements plotted on CDC growth chart
  - ✓ If overweight, obese, or underweight → Counseling for nutrition to promote healthy eating and follow-up interventions

Pediatric Preventive: Screenings (continued)

- ✓ Growth charts

WHO (0-2 years)	CDC (2 – 20 years)
Length-for-age and weight-for-age	Boys Stature-for-age and Weight-for-age
Weight-for-length	Boys BMI-for-age
Head circumference-for-age	Girls Stature-for-age and Weight-for-age
	Girls BMI-for-age

- ✓ If using an EMR system, copy of the growth chart must be scanned and attached to the member chart if the EMR does not have the capability of populating appropriate growth charts

- The recommended screening tool(s) are:
  - ✓ Infants – 24 months →
    - Infant scale to ¼ lb or 0.01 kg
    - Paper tape 0.1 cm
    - Measuring board (with head and footboard) to 1/8"
    - WHO Growth Chart
  - ✓ 2-21 years →
    - Stadiometer to 1/8"
    - Scale to ¼ lb
    - CDC Growth Chart

Autism Spectrum Disorder (ASD) Screening

- The target population is 18 and 24 months
- Requirements:
  - ✓ Use age-appropriate validated screening tool:
    - Ages and Stages Questionnaires (ASQ)
    - Communication and Symbolic Behavior Scales (CSBS)
    - Parents' Evaluation of Developmental Status (PEDS)
    - Modified Checklist for Autism in Toddlers (MCHAT)
    - Screening Tool for Autism in Toddlers and Young Children (STAT)
    - Survey of Well-Being of Young Children (SWYC)

Pediatric Preventive: Screenings (continued)

- If positive for risk factors, document follow-up:
  - ✓ Inland Regional Center Early Start
  - ✓ IEHP - Resources: Resources for Providers: Forms
  - ✓ Eligibility | Inland Regional Center
- The recommended screening tool(s) are:
  - ✓ M-CHAT (autism only)
  - ✓ SWYC
  - ✓ ASQ
  - ✓ TABLE 6 Commonly Used ASD Screening... | American Academy of Pediatrics

Developmental Disorder Screening

- The target population is 9, 18, 24/30 months
- Requirements:
  - ✓ If positive, finding must be documentation of next steps
  - ✓ Providers must use an AAP validated screening tool
- The recommended screening tool(s) are:
  - ✓ The Survey of Well-Being of Young Children (SWYC)
  - ✓ Ages and Stages Questionnaires (ASQ)
  - ✓ TABLE 6 Commonly Used ASD Screening... | American Academy of Pediatrics

Developmental Surveillance

- The target population is from birth – 21 years at every Well Care visit
- Requirements:
  - ✓ 6 steps → Review checklist/developmental history, ask about concerns, assess strengths/risks/protective factors, observe child, document, and share opinions and findings
  - ✓ Developmental Surveillance and Screening Patient Care
  - ✓ If the patient is positive for delays, the provider shall offer and document appropriate follow up intervention(s)

Pediatric Preventive: Screenings (continued)

- The recommended screening tool(s) are:
  - ✓ Comprehensive Health Assessment Forms by Age (IEHP PDF document)
  - ✓ Example for 13 –16 year old

Blood Lead Screening

- Target population is for the following:
  - ✓ Anticipatory Guidance for children 6 months – 72 months (6 years) at every well care visit
  - ✓ BLL testing at 12 and 24 months
  - ✓ If refugee patient, follow CDC guidelines Lead | Immigrant and Refugee Health | CDC
- Requirements:
  - ✓ Document anticipatory guidance (oral or written) on lead poisoning prevention
  - ✓ Order BLL for child up to 72 months if no documented lead result:
    - o Follow-up must be done for BLL results of 3.5 mcg/dL or higher
    - o Filter paper cannot be used to obtain BLL
    - o Confirmation BLL must be venous
    - o BLL must be obtained for members 24 -72 months of age if the provider cannot obtain evidence of a blood lead screening test taken
    - o Provider must document if the member/parent refuses the test
- The recommended screening tool(s) are:
  - ✓ Lead Education Materials (PDF)
  - ✓ Blood Lead Testing (PDF)
  - ✓ Riverside County CLPPP (951) 358-5481
  - ✓ San Bernardino County CLPPP (800) 722-3777

Pediatric Preventive: Screenings (continued)

Blood Pressure Screening

- The target population starts at age 3 at every Well Care visit
- Requirements:
  - ✓ Document follow-up for patients with elevated BP
  - ✓ Document if member is uncooperative and/or reasons why the BP cannot be obtained.
  - ✓ BP measurements should be performed before three years on infants and children with specific conditions

Dental/Oral Health Assessment

- The target population is 0-21 years.
- Requirements:
  - ✓ If no dental home identified by 12 months, refer to Medi-Cal dental provider
  - ✓ Inspection of the mouth, teeth, and gums is performed at every health assessment visit. If a dental problem is detected or suspected, the provider must refer to a dentist:
    - Documentation of "HEENT" is acceptable.
    - If oral assessment done at school, need evidence in patient's chart
  - ✓ Smile, California (formerly Denti-Cal) Find A Dentist | Smile California, (800) 322-6384
- The recommended screening tool(s) are:
  - ✓ AAP Oral Health Risk Intake Form
  - ✓ AAP Oral Health Risk Assessment Tool
  - ✓ Physical Exam → Oral Cavity

Pediatric Preventive: Screenings (continued)

Fluoride Supplementation

- The target population is 6 months-16 years
- Requirements:
  - ✓ Document if primary water source contains fluoride (typically not in well water or bottled water)
  - ✓ If water source is deficient in fluoride or unknown, consider oral fluoride supplementation and document plan
- The recommended screening tool(s) are:
  - ✓ CDC My Water's Fluoride CDC - MWF – California
  - ✓ AAP Oral Health Risk Intake Form
  - ✓ AAP Oral Health Risk Assessment Tool

Fluoride Varnish

- The target population is children who have their first tooth eruption through age 5
- Requirements:
  - ✓ Can be applied in PCP office 3x/year
  - ✓ If PCP is not applying, must document if applied in dental home
  - ✓ Can have standing orders for trained medical staff to apply (MA, LVN, RN, etc.)
- The recommended screening tool(s) are:
  - ✓ AAP Oral Health Risk Intake Form
  - ✓ AAP Oral Health Risk Assessment Tool

Depression Screening

- The target population starts at age 12 annually
- Requirements:
  - ✓ Use a validated screening tool
  - ✓ If positive for depression, document follow-up

Pediatric Preventive: Screenings (continued)

- The recommended screening tool(s) are but not limited to:
  - ✓ PHQ-2
  - ✓ PHQ-9
  - ✓ PHQ-A (PHQ-9 plus suicide risk)

Suicide Risk Screening

- The target population starts at age 12 annually (or can screen for ages 8-11 years when presenting with behavioral health chief complaint or parental concern)
- Requirements(s):
  - ✓ If positive result, follow up with brief suicide safety assessment
- The recommended screening tool(s) are:
  - ✓ Ask Suicide-Screening Questions (ASQ)
  - ✓ Suicide Behavior Questionnaire-Revised (SBQ-R)
  - ✓ Columbia Suicide Severity Rating Scale (C-SSRS) – Triage Version
  - ✓ Patient Health Questionnaire – 9 Adolescent Version (PHQ-9A)
  - ✓ Patient Safety Screener – 3 (PSS-3)

Maternal Depression Screening

- The target population is for Well Care visits at 1, 2, 4, and 6 months (administered to mom)
- Requirements:
  - ✓ Provider shall offer and document appropriate follow-up intervention(s) for women whose screening is positive for maternal depression
  - ✓ If mother is not your patient, refer to her PCP for positive results
- The recommended screening tool(s) are but not limited to:
  - ✓ PHQ-2
  - ✓ Edinburgh Postnatal Depression Scale (EPDS
  - ✓ PHQ-9
  - ✓ Postpartum Depression Screening Scale

Pediatric Preventive: Screenings (continued)

Dyslipidemia Screening

- The target population:
  - ✓ Risk assessment at ages 2, 4, 6, 8, then annually
  - ✓ Order one lipid panel between 9-11 years
  - ✓ Order one lipid panel between 17-21 years
- Requirement(s):
  - ✓ Assess family history of obesity, diabetes, hypertension, and heart disease
- The recommended screening tool(s) are:
  - ✓ Comprehensive Health Assessment Forms by Age (IEHP PDF document)

Hearing Screening

- The target population:
  - ✓ Every well care visit, assessment of birth/family history, history of ear infection, signs and symptoms of hearing loss
  - ✓ Birth – 6 months → document results of Newborn Hearing Screen done at hospital
  - ✓ During adolescence (11 – 21), only need audiometric screening three times
- Requirements:
  - ✓ Ages 4, 5, 6, 8, 10 → audiometric screen including 1,000 – 4,000 Hz at 20-25 dB
  - ✓ Ages 11-21 → audiometric screen adding 6,000 and 8,000 Hz at 20-25 dB:
    - If unable to complete at office visit, document the reasons and attempt again within six weeks and/or refer out
    - No response at 20-25 dB = No Pass
    - Can refer to CCS if two failed screenings six weeks apart
- If site's pediatric population is <15% of total population, site not required to have an audiometer on site. They may refer to ENT/audiology and must follow up on specialist care/notes.
- The recommended screening tool(s) are:
  - ✓ Audiometer AC powered, go up to 8,000 Hz, meet ANSI standards, go up to 80 dB, have earphones/ headset with a red side, can be manually operated

Pediatric Preventive: Screenings (continued)

Vision Screening

- The target population:
  - ✓ Less than 3 years: PERRLA and health history
  - ✓ Years 3, 4, 5, 6, 8, 10, 12, 15 → visual acuity screen with vision chart
- Requirements:
  - ✓ Can use instrument-based screening at months 12 & 24 and years 3, 4, & 5
  - ✓ If unable to complete at office visit, document reason(s) and attempt again within six weeks and/or refer out
- The recommended screening tool(s) are:
  - ✓ 3 – 5 years: LEA Symbols or HOTV Letters chart
  - ✓ 5 years and up: SLOAN (preferred) Letters or Snellen chart

Hep B Virus Infection Screening

- The target population involves a risk assessment for every Well Care visit starting at birth
- Requirements:
  - ✓ Goal is to complete Hep B vaccine series (three doses):
    - o If unvaccinated/incomplete immunization, and/or unable to obtain vaccine history document risk factor and offer vaccine
    - o If at risk, (condition, activity or exposure) offer testing and vaccine
- The recommended screening tool(s) are:
  - ✓ Hepatitis Risk Assessment Tool
  - ✓ Screening tool not required but risk must be documented
  - ✓ HBsAg (hepatitis B surface antigen)
  - ✓ Anti-HBs (hepatitis B surface antibody)

Pediatric Preventive: Screenings (continued)

Hep C Virus Infection Screening

- The target population involves a risk assessment for every Well Care visit starting at 18 years old
- Requirements:
  - ✓ Test at least once, even if not at risk
  - ✓ Document risk factor (high risk = injection drug use)
- The recommended screening tool(s) are:
  - ✓ Hepatitis Risk Assessment Tool
  - ✓ Screening tool not required but risk must be documented

HIV Screening

- The target population involves a risk assessment for every Well Care visit starting at 11 years old and HIV testing once between 15 – 21 years old
- Requirement(s):
  - ✓ Increased risk test annually → sexually active, injection drug use, testing for other STIs
- No screening tool is required but risk must be documented.

Sexually Transmitted Infections Screening

- The target population involves a risk assessment for every Well Care visit starting at 11 years old
- Requirements:
  - ✓ If sexually active:
    - Annual chlamydia/gonorrhea for females < 25 years
    - Contraceptive care offered if sexually active
  - ✓ If pregnant → Syphilis, HIV, Chlamydia, Gonorrhea, Hepatitis B
  - ✓ Additional STI testing considerations for: Men who have Sex with Men (MSM), Men Who Have Sex with Women, sex workers, and transgender and gender diverse persons, Syphilis.

Pediatric Preventive: Screenings (continued)

- The recommended screening tool(s) are:
  - ✓ Staying Healthy Assessment, Sexual Issues section (need evidence provider reviewed answers)
  - ✓ Screening tool not required but risk must be documented

Sudden Cardiac Arrest Screening

- The target population involves a risk assessment at every well-care visit, or at a minimum, starting upon entry into middle/junior high school, and upon entry into high school, then every three years. This applies to both athletes and non-athletes.
- Best practice is to start at 11 years, then repeat at least every three years
- Requirements:
  - ✓ Must ask four specific questions
  - ✓ If yes to any question, follow-up with EKG
  - ✓ If positive risk, refer to cardiology
  - ✓ Can use sports physical form from school (evidence provider reviewed)
- The recommended screening tool(s) are:
  - ✓ Sudden Cardiac Arrest Screening Form

Tobacco Use Screening

- The target population involves a risk assessment at every Well Care visit starting at 11 years old
- Requirements:
  - ✓ If positive for tobacco/vaping use, offer or provide counseling re: tobacco cessation
  - ✓ Tobacco cessation services must be documented:
    - o FDA-approved tobacco cessation medications
    - o Individual, group, and telephone counseling
    - o Prevention of tobacco use
- The recommended screening tool(s) are:
  - ✓ Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)

Pediatric Preventive: Screenings (continued)

Tuberculosis Screening

- The target population involves a risk assessment at 1, 6, and 12 months, 2 years old, and then annually after that
- Requirements:
  - ✓ If patient is high risk, order further assessments such as:
    - Mantoux Skin Test
    - QuantiFERON-TB Gold Plus
    - Chest X-ray
- The recommended screening tool(s) are:
  - ✓ California Pediatric Tuberculosis Risk Assessment
  - ✓ Screening tool not required but risk must be documented

Pediatric Preventive: Immunizations

Vaccination Status

- Assessment at every well-care visit
- Evidence of immunization (immunization card, CAIR report, titers, medical record)
- CDC Recommended Child and Adolescent Immunization Schedule (0-18 years)
- CDC Recommended Adult Immunization Schedule (19 years and older)
- If patient is due for a vaccine, document the order
- If not administered/offered, document reason (contraindicated, refused, deferred)
- Document if unable to get immunization hx via CAIRS or vaccine card

Vaccine Administration Documentation

- Document for each vaccine given on site:
  - ✓ Name of vaccine
  - ✓ Manufacturer
  - ✓ Date of administration
  - ✓ Lot number

Vaccine Information Statement (VIS) Documentation

- Document two dates for each vaccine given on site:
  - ✓ Date VIS was given or presented or offered
  - ✓ Date of VIS publication

Adult Preventive: Initial Health Appointment

Initial Health Appointment (IHA)

- Complete within 120 days of Plan enrollment or PCP effective date:
  - ✓ Providers maintain documentation of outreach/scheduled and rescheduled IHA
- Must include:
  - ✓ History of Present Illness (HPI)
  - ✓ Past Medical History
  - ✓ Social History

Initial Member Risk Assessment

- Complete within 120 days of effective date with PCP and/or enrollment in the Plan (whichever is more recent)
- An assessment of at least one meets the standard:
  - ✓ Health Risk Assessment (HRA)
  - ✓ Social Drivers/Determinants of Health (SDOH)
  - ✓ Adverse Childhood Experiences (ACEs)
  - ✓ Cognitive Health Assessment (65 years and older):
    - o General Practitioner Assessment of Cognition (GPCOG)
    - o Mini-Cog
    - o Eight-item Informant Interview to Differentiate Aging and Dementia (AD-8)
- The recommended screening tool(s) are:
  - ✓ Social Needs Screening Tool – all ages
  - ✓ Adverse Childhood Experiences (ACEs) – birth to 64 years
  - ✓ (GPCOG) – 65 years and older

Adult Preventive: Periodic Health Evaluation

Subsequent Comprehensive History & Physical (H&P)

- IEHP requires annual well checks/physicals:
  - ✓ Providers maintain documentation of outreach attempt(s) and/or appointment scheduled/rescheduled

Subsequent Member Risk Assessment

- Completed annually or when any significant change of health status occurs
- The recommended screening tool(s) are but not limited to:
  - ✓ Social Needs Screening Tool – all ages
  - ✓ Adverse Childhood Experiences (ACEs) – birth to 64 years
  - ✓ General Practitioner Assessment of Cognition (GPCOG) – 65 years and older
  - ✓ Mini-Cog
  - ✓ Eight-item Informant Interview to Differentiate Aging and Dementia

Adult Preventive: Screenings

Abdominal Aneurysm Screening

- The target population is men from 65-75 years of age
- Requirements:
  - ✓ Male members who have smoked 100 cigarettes or more in their lifetime must perform a one-time screening by ultrasonography (abdominal ultrasound)

Alcohol and Drug Use Disorder Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual assessment
  - ✓ If at any time the PCP identifies a potential alcohol/drug misuse, the PCP must complete at least one expanded screening using a validated screening tool
  - ✓ If alcohol/drug misuse is identified, interventions must be documented:
    - Counseling
    - Discussing and agreeing on plans for follow-up with the patient including referral to other treatment if indicated
- The recommended screening tool(s) are but not limited to:
  - ✓ Alcohol Use Disorder Identification Test (AUDIT)
  - ✓ Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)
  - ✓ Brief Addiction Monitor (BAM)
  - ✓ NIDA-Modified Alcohol, Smoking, and Substance Involvement Screening Test (NM-ASSIST)
  - ✓ Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS)
  - ✓ Drug Abuse Screening Test (DAST-20)

Adult Preventive: Screenings (continued)

Cervical Cancer Screening

- The target population is women from 21-65 years of age
- Requirements:
  - ✓ Pap Smear every three years (21-65 years) ***OR***
  - ✓ Pap Smear with HPV every five years (30-65 years) ***OR***
  - ✓ High Risk HPV every five years
  - ✓ If patient had a pap recently and may not be due yet, document the date (month and year) and result (ex. normal pap in March 2024)
  - ✓ Document TOTAL hysterectomy

Breast Cancer Screening

- The target population is women from 40-75 years of age
- Requirements:
  - ✓ Mammogram every 1-2 years
  - ✓ If patient had a mammogram recently and may not be due yet, document the date and result (ex. normal mammogram in 2024)

Colorectal Cancer Screening

- The target population is men and women form 45-75 years of age
- Requirements:
  - ✓ FOBT or FIT every year ***OR***
  - ✓ sDNA-FIT every 1-3 years ***OR***
  - ✓ CT Colonography every 5 years ***OR***
  - ✓ Flexible Sigmoidoscopy every 5 years ***OR*** Flexible Sigmoidoscopy every 5 years + FIT every year ***OR***
  - ✓ Colonoscopy every 10 years
  - ✓ If patient had a screening and may not be due yet, document the date (month and year) and result (ex. normal colonoscopy in March 2020)

Adult Preventive: Screenings (continued)

Depression Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual assessment
  - ✓ Document if patient is already seeing BH
- The recommended screening tool(s) are:
  - ✓ PHQ 2
  - ✓ PHQ 9
  - ✓ Geriatric Depression Scale

Diabetic Screening

- The target population is men and women from 35-70 years of age, classified as overweight or obese
- Requirements:
  - ✓ Annual assessment
  - ✓ A1c OR oral glucose tolerance test OR fasting plasma glucose
  - ✓ If patient is diabetic, comprehensive diabetic care must be documented, such as but not limited to:
    - Lifestyle changes (diet, exercise, quit smoking)
    - Medications (Statin for members 40 years and older)
    - Retinal exam
    - DM Foot Exam by PCP or Podiatry
    - Nephrology or Kidney Function Monitoring Labs by PCP (BUN, Creatine, GFR)

Adult Preventive: Screenings (continued)

Dyslipidemia Screening

- The target population is men and women from 40-75 years of age
- Requirements:
  - ✓ Annual lipid panel at every well visit for those with increased risk of heart disease:
    - For healthy adults, lipid panel can be performed at least every six years
  - ✓ USPSTF recommends that adults without a history of cardiovascular disease (CVD) are prescribed a low-to moderate-dose statin for prevention of CVD events and mortality if:
    - They are aged 40-75 years
    - They have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)

      and

    - They have a calculated 10-year risk of a cardiovascular event of 10% or greater

Folic Acid Supplementation

- The target population is women from 21-49 years of age who can become pregnant
- Requirements:
  - ✓ Provide and document annual counseling to take daily folic acid supplement (0.4-0.8mg):
    - Document refusal
    - Document if woman cannot get pregnant (ex. total hysterectomy)

Adult Preventive: Screenings (continued)

Hepatitis B Virus Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual risk assessment
  - ✓ Document if patient is high or low risk
  - ✓ If an assessment tool is used, identify the tool used to determine risk
  - ✓ If high risk, order labs and provide counseling
- The recommended screening tool(s) are:
  - ✓ Hepatitis Risk Screening Tool

Hepatitis C Virus Screening

- The target population is men and women from 18-79 years of age
- Requirements:
  - ✓ Annual risk assessment
  - ✓ One Hep C lab between 18 to 79 years
  - ✓ Document if patient is high or low risk
  - ✓ If an assessment tool is used, identify the tool used to determine risk
  - ✓ If high risk, order labs and provide counseling
- The recommended screening tool(s) are:
  - ✓ Hepatitis Risk Screening Tool

High Blood Pressure Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual assessment
  - ✓ If patient is hypertensive, document all interventions and follow-up conducted

Adult Preventive: Screenings (continued)

Intimate Partner Violence Screening

- The target population is women from 21-49 years of age
- Requirements:
  - ✓ Annual risk assessment
  - ✓ If screening is positive, provide or refer to ongoing support services:
    - The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. Does not require sexual intimacy
- The recommended screening tool(s) are:
  - ✓ Extended–Hurt, Insult, Threaten, Scream (E-HITS)
  - ✓ Hurt, Insult, Threaten, Scream (HITS)
  - ✓ Partner Violence Screen (PVS
  - ✓ Humiliation, Afraid, Rape, Kick (HARK)
  - ✓ Woman Abuse Screening Tool (WAST)
- If embedding the tool within the EMR system, the tool must be identified.

Lung Cancer Screening

- The target population is men and women from 50-80 years of age
- Requirements:
  - ✓ Annual risk assessment
  - ✓ Has 20-pack-per-year smoking history and currently smoking ***OR***
  - ✓ Have quit within the past 15 years
  - ✓ Low-dose computed tomography (CT of the lungs)

Obesity Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual assessment
  - ✓ Document weight and BMI
  - ✓ If the member is obese, provide counseling and behavioral interventions to promote sustained weight loss

Adult Preventive: Screenings (continued)

Osteoporosis Screening

- The target population is the following:
  - ✓ Women 65 years and older
  - ✓ Can be done for younger than 65 years if they have one more risk factor:
    - o Parental history of hip fracture
    - o Smoking
    - o Excessive alcohol consumption
    - o Low body weight
- Requirements:
  - ✓ Annual risk assessment
  - ✓ Bone mineral density (BMD)/ Dual-energy X-ray absorptiometry (DEXA) scan:
    - o Every 2-3 years if bone density is good - How Often Should Women Have Bone Tests? | NIH News in Health

STI Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual risk assessment
  - ✓ If high-risk, order labs and provide counseling
  - ✓ STI considerations:
    - o Chlamydia and Gonorrhea (all sexually active women under 25 years old)
    - o Herpes
    - o Syphilis
    - o Trichomonas

Skin Cancer Behavioral Counseling

- The target population is men and women 24 years of age and younger
- Requirements:
  - ✓ Annual counseling – Offer or provide counseling re: minimizing exposure to UV radiation and reducing risk of skin cancer

Adult Preventive: Screenings (continued)

Tobacco Use Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual risk assessment:
    - Do you currently smoke? If so, what do you smoke and how much?
    - If you quit smoking, when did you quit? How much did you smoke and for how many years?
  - ✓ If positive for tobacco use:
    - Documentation of cessation services
    - Behavioral counseling and/or Pharmacotherapy
- The recommended screening tool(s) are:
  - ✓ Tobacco, Alcohol, Prescription Medications, and Other Substance (TAPS)

Tuberculosis Screening

- The target population is men and women of all ages
- Requirements:
  - ✓ Annual risk assessment
  - ✓ If patient is high risk, order further assessments such as:
    - Mantoux Skin Test
    - Chest X-ray
- The recommended screening tool(s) are:
  - ✓ California Adult Tuberculosis Risk Assessment

Adult Preventive: Adult Immunizations

Vaccination Status

- Annual assessment
- Assess the following:
  - ✓ Td/Tdap – every 10 years
  - ✓ Flu – annual
  - ✓ Pneumococcal – 50 years and older
  - ✓ Zoster – 50 years and older
  - ✓ Varicella (if born after 1980) and MMR (if born after 1957) documented evidence of immunity – titers, childhood acquired infection, Varicella/MMR vaccine received as an adult
    - MMR
      - Born BEFORE 1957:
        - ➢ If born before 1957, patients are considered immune
      - Born AFTER 1957, member must have one of the following:
        - ➢ Documentation of two doses varicella-containing vaccine at least 4 weeks apart, ***OR***
        - ➢ Diagnosis or verification of history of varicella or herpes zoster by a health care provider, ***OR***
        - ➢ Laboratory evidence of immunity or disease
      - For health care personnel, member must have one of the following:
        - ➢ Documentation of receipt of MMR vaccine, ***OR***
        - ➢ Laboratory evidence of immunity or disease
    - Varicella
      - Born BEFORE 1980:
        - ➢ If born before 1980, patients are considered immune

- Born AFTER 1980 in the U.S, the member must have one of the following:
  - Documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, ***OR***
  - Diagnosis or verification of history of varicella or herpes zoster by a health care provider, ***OR***
  - Laboratory evidence of immunity or disease
- For healthcare personnel and pregnant persons, the member must have one of the following:
  - Documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, ***OR***
  - Diagnosis or verification of history of varicella or herpes zoster by a health care provider, ***OR***
  - Laboratory evidence of immunity or disease

✓ Covid – annual

- If patient is due for a vaccine, document the order or refusal
- Obtain immunization record from CAIR
- If sending member out to a pharmacy, document in the chart and/or copy of the script in the chart. Must follow up to confirm if member received vaccine

Vaccine Administration Documentation

- Document for each vaccine given on site:
  - ✓ Name of vaccine
  - ✓ Manufacturer
  - ✓ Date of administration
  - ✓ Lot number

Vaccine Information Statement (VIS) Documentation

- Document two dates for each vaccine given on site:
  - ✓ Date VIS was given or presented or offered
  - ✓ Date of VIS publication

OB/CPSP: Initial Prenatal Visit

Initial Comprehensive Prenatal Assessment (ICA)

- First Entry to OB Care
- Must include:
  - ✓ Obstetric and medical history, including medical documentation from prior visits with other providers
  - ✓ Nutrition status
  - ✓ Health education
  - ✓ Psychosocial needs
- Individualized Care Plan is developed

Initial Prenatal Visit

- Completed within four weeks of entry to prenatal care (optimally within the first trimester)

Obstetrical and Medical History

- The H&P exam must be consistent with the most recent ACOG Guidelines for Perinatal Care

Physical Exam

- Includes breast exam and calculation of estimated date of delivery

Dental Assessment

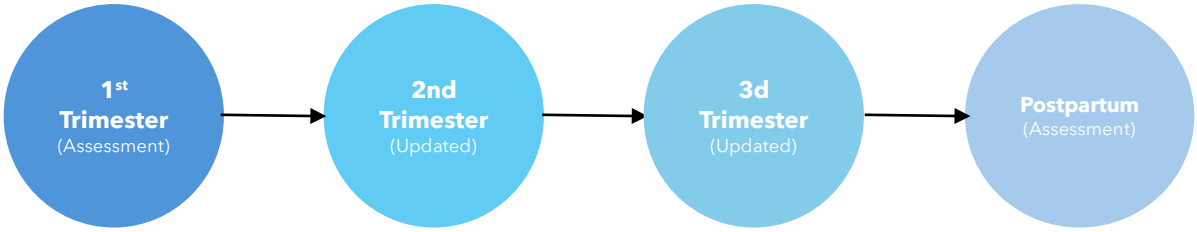
- Dental Screening and referral as indicated must be documented

Healthy Weight Gain and Behavior Counseling

- Effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing gestational weight gain in pregnancy

OB/CPSP: Preventive Criteria

Perinatal Care Timeline & Requirements



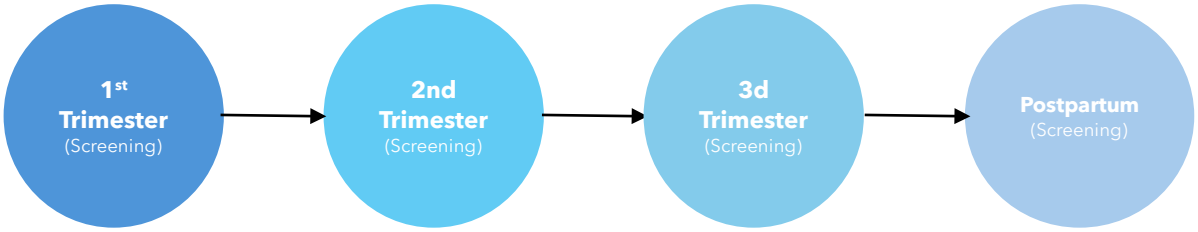
Care Components

Key Requirements

- The assessment tool must be consistent with CDPH's template tool
- Comprehensive Assessment must be updated every trimester and during the 12-month post-pregnancy period
- ICP documentation includes specific obstetric, nutrition, psychosocial, and health education risk problems, interventions, and referrals
- ICP must be updated based on Comprehensive Assessments each trimester and during 12-month postpartum period
- Documentation must be provided of services offered and whether received

OB/CPSP: Preventive Criteria: Psychosocial Assessment

Maternal Health Screening Timeline



Screening Components

Maternal Mental Health
PHQ9/EPDS

Social Needs Assessment
PRAPARE or Social Needs

Substance Use Disorder Assessment
TAPS, Brief Addition Monitor, DAST20

Mental Health Requirements:

Follow-up Plan for positive screening:

- Additional evaluation or assessment
- Suicide Risk Assessment
- Referral to qualified practitioner for depression diagnosis and treatment
- Pharmacological interventions
- Other inventions or follow-up for diagnosis or treatment of depression

Social Needs Requirements

- Must provide social needs assessment including housing, food, transportation, unintended pregnancy, support system
- Identified needs must be incorporated into the Individualized Care Plan
- Follow-up services must be documented

Substance Use Requirements

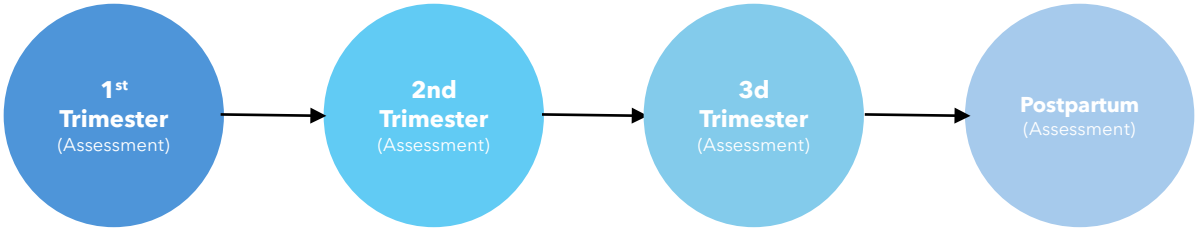
- All pregnant women should be routinely asked about use of alcohol, tobacco, drugs, prescription opioids and medications used for nonmedical reasons
- If use or chemical dependence is acknowledged or suspected, counsel about perinatal implications and offer referral to appropriate treatment program

All screenings conducted throughout pregnancy and postpartum period

Results and follow-up actions must be documented in patient records

OB/CPSP: Preventive Criteria

Health Education and Screening Timeline



Assessment and Screening Components

Breastfeeding & Other Health Education

Preeclampsia Screening
All trimesters

Intimate Partner Violence Screening

Health Education Requirements:

- Identified needs must be incorporated into the Individualized Care Plan and follow-up services documented
- Materials must be available in appropriate threshold languages and meet readability and suitability requirements for Medi-Cal members

Preeclampsia Requirements

- Blood pressure measurements throughout pregnancy
- Use of low-dose aspirin (81mg/d) as preventive medication after 12 weeks of gestation in women at high risk for preeclampsia

Note: Low-dose aspirin initiated in 2nd trimester (if needed) and continued through 3d trimester

IPV Screening Requirements

Domestic Violence screening includes:

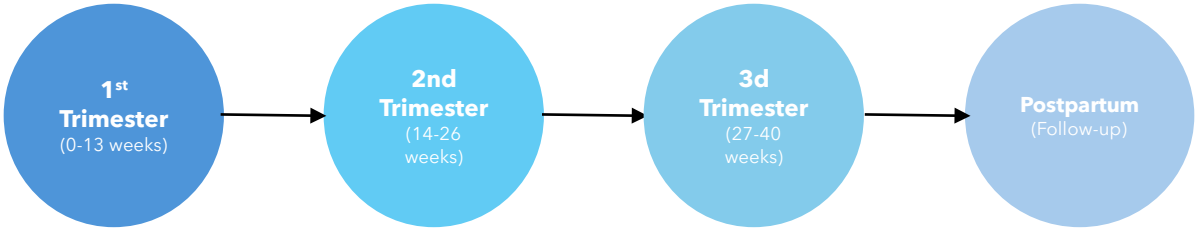
- Medical Screening
- Documentation of physical injuries
- Documentation of illnesses attributable to spousal/partner abuse
- Referral to appropriate community service agencies

All screenings conducted throughout pregnancy and postpartum period

Results and follow-up actions must be documented in patient records

OB/CPSP: Preventive Criteria: Labs & Immunizations

Immunization and Laboratory Screening Time



1st Trimester Screening

Immunizations

- **Influenza Vaccine:** Any trimester

Laboratory Screening

Required Labs:

- Hepatitis B
- Hepatitis C
- Chlamydia
- Gonorrhea
- HIV (Human Immunodeficiency Virus)
- Syphilis: 1st prenatal visit (if high risk: retest at 28 weeks and at delivery)

2nd Trimester Screening

Immunizations

- **Influenza Vaccine:** Any trimester

Second Laboratory Screening

Required Labs:

- Hepatitis B
- Heptatitis C
- Chlamydia
- Gonorrhea
- HIV (Human Immunodeficiency Virus)
- Syphilis: 1st prenatal visit (if high risk: retest at 28 weeks and at delivery)

Additional Laboratory Screening 2nd Trimester

- AFP Genetic Screening (offer prior to 20 weeks gestation counting from the first day of the last normal menstrual period)
- RH Compatibility Testing (24-28 weeks)
- Diabetes Screening for Asymptomatic Women using 2 step or 1 step method approach (24-28 weeks)
- Group B Streptococcus (Strep B) (35-37 weeks)
- Bacteriuria (12-16 weeks)

3rd Trimester Screening

Immunizations

- **Influenza Vaccine:** Any trimester
- **TDAP Vaccine** (28-32 weeks)

Third Laboratory Screening

Required Labs:

- Hepatitis B
- Heptatitis C
- Chlamydia
- Gonorrhea
- HIV (Human Immunodeficiency Virus)
- Syphilis: 1st prenatal visit (if high risk: retest at 28 weeks and at delivery)

Laboratory Screenings: 3d Trimester

- RH Compatibility Testing (24-28 weeks)
- Diabetes Screening for Asymptomatic Women using 2 step or 1 step method approach (24-28 weeks)
- Group B Streptococcus (Strep B) (35-37 weeks)

At Delivery

Immunizations

- **Influenza Vaccine:** Any trimester

Fourth Laboratory Screening

Required Labs:

- Syphilis

Specific Screening Requirements & Protocols

- Hepatitis B: 1st trimester or prenatal whichever comes first
- Hepatitis C: 1st prenatal visit
- Chlamydia: Women under 25 or with increased risk 1st prenatal visit if positive need a test of cure within four weeks after treatment and again within three months. Test again during 3rd trimester for women under 25 or at risk
- Gonorrhea: All women 25 years old and younger. 25+ if high risk during 1st prenatal visit
- Human Immunodeficiency (HIV): Routine panel and again at 3rd trimester if high risk and women who declined testing earlier in pregnancy. Refusal must be documented in the medical record
- Diabetic Screening: 2-step approach or 1-step approach (24-28 weeks)

OB/CPSP: Preventive Criteria

Comprehensive Postpartum Physical Exam

- Must occur no later than 12 weeks after birth:
  - ✓ Document outreach attempts, appointment schedule/reschedules
- Should include a full assessment of:
  - ✓ Mood and emotional well-being
  - ✓ Infant care and feeding
  - ✓ Sexuality
  - ✓ Contraception
  - ✓ Birth Spacing
  - ✓ Sleep and fatigue
  - ✓ Physical recovery from birth
  - ✓ Chronic disease management
  - ✓ Health Maintenance

Family Planning Evaluation

- Family Planning Counseling:
  - ✓ Interpregnancy intervals
  - ✓ Contraceptive care referral or provision of service is documented

Prenatal care visit periodicity according to most recent ACOGT Standards

- 1st Visit by 6-8th week
- Approximately every four weeks for the first 28 weeks of pregnancy
- Every 2-3 weeks until 36 weeks of gestation
- Weekly thereafter until delivery

Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and assessment of Infant Feeding Status

- Referral to WIC is documented in the medical record
- Infant feeding plans are documented during the prenatal period
- Infant feeding/ breastfeeding status is documented during the postpartum period

CAP Submission Timelines

Critical Element

- Submit within 10 business days from review date
- If needed, a Critical Element CAP response extension may be requested not to exceed 30 days from the review date

Non-Critical Element

- Submit within 30 calendar days from review date
- If not submitted within 30 calendar days, panels may be closed. Panels will remain closed until CAP is approved and audit is closed
- If needed, CAP response extension request may be granted but not to exceed 120 days from review date
- If CAP Response is not submitted after 120 days from review date, PCP is escalated to Quality Management/Regulatory for review and removal from the Managed Care network including Molina, SCAN, and Kaiser

After the Audit

- After the audit has been conducted, the Quality Management Certified Site Reviewer/Master Trainer (CSR/CMT) will approve and sign off on your CAP if applicable and close the audit.

- After the audit and CAPs (if applicable) have been approved and close, the Quality Management Coordinator (QMC) will send an email to the OM/office staff to include the following:
  - ✓ DHCS Certificate
  - ✓ IEHP Approval Letter
  - ✓ FSR/MRR Tool & Score Sheet
  - ✓ PARS Forms

Note: If you need to add/remove providers to your group, please use the following link: **https://www.providerservices.iehp.org/en/join-our-network/provider-contract-forms/pcp-and-specialists**

Provider Resources: IEHP Internal

Information	Link
Links to all audit tools, DHCS standards, education, sample forms, sample screening tools, sample policies and additional resources.	IEHP-Provider Resource Page
IEHP Member Services	IEHP-Care You Can Feel
Education through IEHP to offer to members including classes, literature, information about their coverage and community resources in their area. Health and Wellness Resources for Members	IEHP-Member Education IEHP - Resources : Resources for Members : Health and Wellness
Provider Relations Management Team	providerservices@iehp.org

Provider Resources: IEHP External

Information	Link
CAIR	https://cair.cdph.ca.gov/CAPRD/portalInfoManager.do
VIS/Immunization information	Home | Immunize.org
CLIA	How to Apply for a CLIA Certificate, Including International Laboratories | CMS
Connect IE	ConnectIE 211 on the telephone
CDPH Radiologic Branch for IE **IEHP Facility Resource Contacts**	Julie Miller: Julie.miller@cdph.ca.gov – San Bernardino County Cesar Salgado: cesar.salgado@cdph.ca.gov – Riverside County 20250218 - IEHP Facility Resource Contacts
CDPH VFC (Vaccines for Children) Program	877-243-8832 Vaccines for Children