

Child Health and Disability Prevention (CHDP) Program

FACILITY REVIEW TOOL SCORING INSTRUCTIONS**General Guidelines for Facility Site Review**

- “Provider” refers to an individual or office/clinic applying for, or already enrolled in, the CHDP Program.
- All sites, including mobile vans, satellite centers, and school-based clinics, must be reviewed using the CHDP Facility Review Tool (DHCS 4493) in conjunction with the CHDP Medical Record Review Tool (DHCS 4492) during an on-site visit with all new Providers.
- Each facility operated by a Provider must meet all critical elements (CE) and have a passing score of greater than 88 percent to be enrolled in the CHDP Program. The critical elements are: Airway, Breathing, and Circulatory Management; Emergency Medication Administration; Current Professional License; Participation in the Vaccines for Children (VFC) Program, including all criteria identified in the Pharmaceutical Services Survey Criteria section, and all the criteria in Preventive Services Survey Criteria section. CEs are identified with shaded rows and “CE” under the weight (Wt.) column.
- Initial certification review may be modified to reflect recent initial/periodic audits by a managed care plan by limiting the review to the critical elements and other criteria not addressed by the managed care plan.
- Modified facility reviews of enrolled Providers ***may*** be conducted at the discretion of the local CHDP Program when there is a copy or summary of passing scores and conclusions from a site review conducted within the preceding 12 months by the Medi-Cal managed care plan. A modified facility review is a review of the five CEs and all of the criteria within the CE in the CHDP Facility Review Tool (DHCS 4493).
- Providers currently enrolled in the CHDP Program must meet all CEs and have a passing score of greater than 69 percent among the other criteria in the review. A score from 70 through 87 percent requires joint efforts between the local CHDP Program and the Provider for the correction of deficiencies and achievement of program standards within three months.

Directions for Scoring

Every criterion is weighted by points, except for the CEs.

- Score full-weighted points for each criterion that is met by placing a check mark in the “yes” column and entering the full-weighted points as the Site Score for that criterion. Do not score partial points for any criterion.

- Score zero points if criterion is not met by placing a check mark in the “no” column and entering a zero as the Site Score for that criterion.
- Not applicable (N/A) applies to any criterion that does not apply to the facility being reviewed. Score N/A with the full-weighted points for that criterion by placing a check mark in the “N/A” column and entering the full-weighted points in the Site Score for that criterion.
- Add the subtotal scores and record the total points for each section.
- Add the total points for each section to determine the points in the total review score.
- Score the five CEs as stand-alone criteria. All CEs must be met by Applicants entering the program. Current Providers undergoing periodic review may be given conditional approval as stipulated in a–e below.
 - a. Airway, breathing, and circulatory management equipment must all be present.
 - b. Emergency medication as stipulated in the criterion must be present.
 - c. Current professional license(s) are required and, if missing, the Applicant cannot be newly enrolled or recertified in the CHDP Program.
 - d. VFC Provider participation is required as well as all of the criteria in Section 4 (Clinical Services) in order to provide appropriate vaccinations, documentation, and education/guidance. An Applicant/Provider cannot be enrolled or recertified for continued participation in the CHDP Program if not participating in the VFC Program.
 - e. Preventive Services, as defined, must be met. An Applicant cannot be enrolled in the CHDP Program if he/she fails to meet any of these criteria. At the time of recertification, the local CHDP Program determines whether the Applicant/Provider will be given conditional approval due to the failure to meet any one criterion in the Preventive Services section.
- Calculate the percent score by dividing the **review score points by the total possible points**. Multiply by 100 to obtain the percentage. For example:
(65 Review Score Points) divided by (70 total possible points) x 100 = 93 percent
- Round percentages to the next smaller whole percentage if < 0.5, or to the next larger whole percentage if 0.5 or >.
- Determine the degree of successful completion by the Applicant/Provider for the facility review using the following thresholds.

Thresholds

- If Critical Elements (CE) not met:

Airway, Breathing, and Circulatory Management not met:	New Provider	= FAIL
	Periodic Review	= FAIL

Emergency Medication not met:	New Provider	= FAIL
	Periodic Review	= FAIL

Current Professional License not met:	New Provider	= FAIL
	Periodic Review	= FAIL

Vaccines for Children (VFC) Provider and all criteria identified as CE in the Pharmaceutical Services Survey Criteria Section not met:	New Provider	= FAIL
	Periodic Review	= FAIL

Preventive Services not met:	New Provider	= FAIL
	Periodic Review	= CONDITIONAL - dependent on the total survey

- 88 percent through 100 percent = FULL APPROVAL
- 70 percent through 87 percent = CONDITIONAL APPROVAL
- Less than 70 percent = NOT APPROVED

Remember to complete the Facility Review Scoring Summary Sheet (DHCS 4494) and attach it to the Facility Review Tool face sheet.

Child Health and Disability Prevention (CHDP) Program

FACILITY REVIEW TOOL

Review date		Last CHDP review date and results	
Provider name		Telephone number	Fax number
Provider address (number, street)		City	State ZIP code
Contact person	Title	Clinicians on site	
Reviewer	Title		
Reviewer	Title		
		CHDP Provider category: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Health assessment only <i>check only one</i>	

Visit Purpose	History of Other DHCS Certification(s)	Provider Types at Site	Office/Clinic Type
<i>(Check only one.)</i> <input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused Review <input type="checkbox"/> Other _____ _____	<i>Check all that apply - date if available</i> <input type="checkbox"/> CHDP _____ <input type="checkbox"/> Comprehensive Perinatal Services Program _____ <input type="checkbox"/> DHCS Licensing and Certification _____ <input type="checkbox"/> Medi-Cal Managed Care Division _____ <input type="checkbox"/> Vaccines for Children _____ <input type="checkbox"/> Other _____ _____ _____	<i>Check all that apply.</i> <input type="checkbox"/> Family Practice <input type="checkbox"/> Pediatrics <input type="checkbox"/> General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN Specialist <input type="checkbox"/> Non-physician Medical Practitioner type: _____ <input type="checkbox"/> Other (type: _____)	<i>Check only one.</i> <input type="checkbox"/> County Hospital Outpt Clinic (01) <input type="checkbox"/> Community Hospital Outpt Clinic (02) <input type="checkbox"/> Community Health Clinic (25) <input type="checkbox"/> Family Nurse Practitioner (14) <input type="checkbox"/> FQHC/Rural Health Clinic (22) <input type="checkbox"/> Health Department Clinic (21) <input type="checkbox"/> Indian Health Clinic/Tribal Health Program (24) <input type="checkbox"/> Pediatric Nurse Practitioner (15) <input type="checkbox"/> Physician Solo Practitioner (13) <input type="checkbox"/> Physician Group Practice (12) <input type="checkbox"/> Other type: _____

Site Scores		Scoring Procedures	Compliance Threshold
I. Personnel CE P F ___/ 15 II. Office Management ___/ 25 III. Health Education Services ___/ 10 IV. Site Access CE P F ___/ 8 V. Infection Control/Lab CE P F ___/ 12 VI. Clinical Services CE P F VII. Pediatric Preventive Services CE P F	1) Add point given in each section 2) Add total points for all seven sections 3) Score Critical Elements as stand alone criteria. An applicant cannot be enrolled if he/she fails to meet any of these criteria. 4) Calculate the percent score by dividing the review score points by the total possible points. Multiply by 100 to obtain the percentage. _____ ÷ _____ = _____ X 100 = _____ % <small>Points Given Total Points Decimal Score Compliance Rate</small>	If Critical Elements (CE) not met = FAIL 88 % through 100 % = Full Approval 70 % through 87 % = Conditional Approval Less than 70 % = FAIL Correction Plan _____ Other follow-up _____ Next Review Date _____	

Approval Status	<input type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Not Approved (less than 70%) <input type="checkbox"/> Not Approved (did not pass Critical Elements)
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1. Personnel

Site Personnel Survey Criteria		Wt.	Yes	No	N/A	Site Score
A. Professional licenses and certifications are current for all health assessment providers at this provider site.	Health Care Professional	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Physician	X				X
	Doctor of Osteopathy	X				X
	Physician Assistant (PA)	X				X
	Nurse Practitioner	X				X
B. Each staff member must be identified by:						
1. Wearing a badge with his/her name and professional title.		1				
2. Prominent display of professional and business information.		1				
Subtotal :		CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		2	X	X	X	

Comments: Write comments for all zero (0) scores.

1. Personnel (cont)

Site Personnel Survey Criteria <i>(continued)</i>	Wt.	Yes	No	N/A	Site Score
C. Staff are qualified and trained, and have access to information to ensure a safe office environment.					
1. Personnel on site are qualified for their responsibilities and adequately trained to function within their scope of work or job description.	2				
2. Non physician medical practitioners perform within their scope of practice and are supervised in accordance with Title 22, CCR, Sections 51240 and 51241.	2				
3. There are written policies & procedures or other written documentation on site to ensure staff has access to information on: infection control/universal/standard precautions, bloodborne pathogens/exposure prevention, biohazardous waste management, disaster preparedness for emergency non-medical events, child/elder/domestic violence abuse and mandated reporting, fire prevention/safety, implementation of HIPAA requirements, sensitive services/minor rights and consent for treatment.	2				
4. There is written documentation of annual training to ensure staff has basic knowledge of: infection control/universal/standard precautions, bloodborne pathogens/exposure prevention, biohazardous waste management, disaster preparedness for emergency non-medical events, child/elder/domestic violence abuse and mandated reporting, fire prevention/safety, implementation of HIPAA requirements, sensitive services/minor rights and consent for treatment, medical emergency staff training and participation in mock drills.	2				
5. Designated personnel have completed and are utilizing CHDP training in audiometric screening, or equivalent upon approval of local program.	2				
6. Designated personnel have completed and are utilizing CHDP training in vision screening, or equivalent upon approval of local program.	2				
7. Designated personnel have completed CHDP training in anthropometric measurements, including obtaining Body Mass Index (BMI) percentile.	1				
Subtotal:	13	X	X	X	

Section Total:	15	X	X	X	
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2. Office Management

Office Management Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. Physician coverage is available 24 hours a day, 7 days a week.					
1. Current office hours are posted within the office or are readily available upon request.	1				
2. There is a written schedule for after-hours and on-call coverage is available.	1				
3. There is a method for informing clients about coverage.	1				
B. Readily available health care services shall be provided.					
1. A system is in place for managing telephone callers during and after office hours.	1				
2. A system is in place to remind clients of scheduled appointments.	1				
3. There is a system in place to follow up missed and cancelled appointments.	2				
4. There is a system in place to remind clients when the next preventive visit is due.	2				
C. All Provider sites provide interpreter services for limited English proficient clients either through telephone language services or interpreters on-site.	2				
Subtotal:	11	X	X	X	

Comments: Write comments for all zero (0) scores.

2. Office Management (cont)

Office Management Survey Criteria	Wt.	Yes	No	N/A	Site Score
D. Referral/consultative services are handled according to established site-specific procedures.					
Office systems and written procedures exist for: 1. Tracking of referrals and follow-up appointments.	3				
2. Obtaining and reviewing consultant reports and diagnostic test results, including lab procedures referred to other providers, immunizations not performed on-site.	3				
3. Maintaining up-to-date resource materials related to the provision of CHDP services according to program standards.	3				
E. Medical records are readily retrievable for the Provider at each scheduled client encounter.					
1. A system is in place and utilized by site personnel to ensure the availability of medical records at the time of the client visit. Refer to the CHDP Medical Record Review Tool (DHCS 4492).	1				
2. Medical records retention schedule is in place.	1				
F. Client confidentiality and privacy are maintained.					
1. Exam rooms are available to safeguard clients' right to privacy.	1				
2. Site personnel follow office policy/procedures for maintaining confidentiality of patient information. Clients or their conditions are not discussed in front of other clients or visitors. Individual client information is not displayed or left unattended in reception and/or client flow areas.	1				
3. Privacy policies are given to new patients.	1				
Subtotal:	14	X	X	X	

Comments: Write comments for all zero (0) scores.

Section Total:	25	X	X	X	
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3. Health Education Services

Health Education Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. Health education services are available to clients.					
Health education materials and resource information are:					
1. On site, electronically or hard copies are made available.	2				
2. Applicable to the practice and population served on-site and include CHDP-provided health education materials.	2				
3. Available in threshold languages identified for county/area of site location.	2				
4. Inclusive of a resource list for services/programs such as Healthy Families, WIC, and dental and mental health.	2				
B. Medi-Cal/Healthy Families applications are available in the office or electronically.	2				
Subtotal:	10	X	X	X	

Comments: Write comments for all zero (0) scores.

Section Total:	10	X	X	X	
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4. Site Access

Site Safety Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. The provider site shows evidence of safety and fire precautions.					
1. Site is accessible and useable by persons with disabilities.	1				
2. There is fire-fighting/protection equipment in an accessible location on site at all times.	1				
3. Exit door(s), corridors, and stairs are clear and unobstructed; wall outlets and switches have cover plates.	1				
B. The site ensures that the following are in place in order to provide emergency care during business hours until treatment is initiated by the Emergency Medical Services (EMS) system.					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
1. Airway, breathing, circulatory management: Oxygen delivery system; bag-valve mask (pediatric and adult); suction device (tonsil tip and/or bulb syringe); oxygen face masks (infant, child, adult); nebulizer (or metered-dose inhaler with spacer/mask); oropharyngeal airways appropriate to population served. ¹	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
2. Emergency medication and administration: Epinephrine 1:1,000 (injectable subcutaneous or intramuscular); tuberculin syringes and needles; alcohol wipes; albuterol for inhalation (metered-dose inhaler with spacer or mask may be substituted). ²	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
3. Written plan delineating the procedures followed for an emergency medical condition* including activation of the local 911 EMS system.	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
4. Medication dosage chart (or other method for determining dosage) is kept with emergency medication(s).	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
5. Emergency equipment/supplies as listed in items 1 and 2 above are stored together and there are no obstructions (e.g., furniture, supplies) to their use.	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

^{1,2} Adapted from American Academy of Pediatrics, Committee on Pediatric Emergency Medicine, "Preparation for Emergencies in the Office of Pediatricians and Pediatric Primary Care Providers". Pediatrics, Vol. 120 No.1 July 2007.

* Excerpted from Title 22, California Code of Regulations (CCR), Section 51056(b): An "emergency medical condition" means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part.

Site Safety Survey Criteria (continued)	Wt.	Yes	No	N/A	Site Score
7. There is written documentation that emergency equipment/supplies as listed in items 1 and 2 above are checked for expiration at least monthly and replaced/restocked as needed; emergency equipment is checked for operating status at least monthly.	CE			X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
8. At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.	3			X	
9. Poison control numbers for health professionals and consumers are prominently posted and visible for staff.	2				
Subtotal:	CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	8	X	X	X	

Comments: Write comments for all zero (0) scores.

Section Total:

CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
8	X	X	X	

5. Infection Control / Lab

Laboratory Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. The provider has a CLIA certificate that is current and site-specific (See Reviewer Guidelines for possible exceptions).	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
B. CHDP tests performed on site are appropriate to the CLIA status. A process is in place for equipment maintenance and expiration of supplies.					
1. CHDP tests performed on site are appropriate to the CLIA status.	1				
2. Has a process for maintenance of lab equipment. List equipment on site _____	1				
3. Has a process to check expiration dates and dispose of expired laboratory test supplies (no expired laboratory test supplies are present).	1				
4. Maintains clean laboratory supplies/equipment, which is accessible only to staff responsible for their use.	1				
Subtotal:	4	X	X	X	

Comments: Write comments for all zero (0) scores.

5. Infection Control/Lab (cont)

Infection Control Survey Criteria	Wt.	Yes	No	N/A	Site Score
C. The site/provider must ensure that the following are present on-site to prevent transmission of infections among clients and staff:					
1. Antiseptic hand cleaner and/or hot running water for hand washing is available in examining rooms and treatment areas.	1				
2. A waste disposal container is in each examining room, treatment area, and restroom, and is covered.	1				
3. A process is in place for isolating infectious clients.	1				
4. A disinfectant solution is labeled as approved by the Environmental Protection Agency (EPA)	1				
D. The site/provider must ensure that the following are present on-site in order to decrease clients' and staffs' exposure to blood borne pathogens:					
1. Personal protective equipment (e.g., gloves, gowns, eye/face protection) is available.	1				
2. Sharps containers are labeled and located in area where sharps are used and are accessible only to staff responsible for the use of sharps.	1				
3. Written documentation of sharp injury incidents is available.	1				
4. Biohazardous (nonsharp) waste is contained in separate, labeled, covered, and leak-proof container(s).	1				
Subtotal:	8	X	X	X	

Comments: Write comments for all zero (0) scores.

Section Total:	CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	12	X	X	X	

6. Clinical Services

Pharmaceutical Services Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. The provider site participates in the Vaccines for Children (VFC) program and meets all the following requirements:	CE			X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
1. Has a process to check and dispose of expired immunizations (no expired immunizations are present.)	X			X	X
2. Has a clean area for preparing immunizations.	X			X	X
3. Has syringes and disposable needles in various sizes as needed (syringes- 3 cc and tb; needles- 5/8" and 1").	X			X	X
4. Stores immunizations separate from food, lab specimens, cleaning supplies, and other items that may cause contamination.	X			X	X
5. Stores immunizations, needles and syringes so that they are accessible only to staff responsible for their use.	X			X	X
6. Has Vaccine Immunization Statements (VISs), hard copy or electronic, for each immunization or immunization component administered and in threshold languages appropriate for the client population.	X			X	X
7. Immunizations are stored according to manufacturer requirements. (The refrigerator at 2° to 8° C/35° to 46 °F and the freezer at -15 °C/5 °F or lower.)	X			X	X
8. Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.	X			X	X
9. Has a written log documenting refrigerator and freezer temperatures twice a day.	X			X	X
10. Has a freezer with its own external door separate from the refrigerator.	X			X	X
11. Has purified protein derivative injectable tuberculin. Date opened_____	X			X	X
12. Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.	X			X	X

Pharmaceutical Services Survey Criteria <i>(continued)</i>	Wt.	Yes	No	N/A	Site Score
13. Has current immunizations or combinations as recommended by ACIP. (List vaccines here)	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
	X			X	X
Section Total:	CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments: Write comments for all zero (0) scores.

7. Pediatric Preventive Services

Preventive Services Survey Criteria	Wt.	Yes	No	N/A	Site Score
A. Pediatric preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. Examination equipment appropriate for infants, children, and adolescents is available on-site and maintained according to manufacturer's guidelines:	CE			X	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
1. Exam tables and lights are in good repair. Percussion hammer, tongue blades, paper for tables, and client gowns are available.	X			X	X
2. Stethoscope and sphygmomanometer with various appropriate cuff sizes (infant, child, adult, overweight).	X			X	X
3. Thermometers: Tympanic, oral, or axillary.	X			X	X
4. Scales: Adult calibration date: _____ Infant calibration date: _____	X			X	X
5. Measuring devices for stature (recumbent or standing with rigid right angle head and foot board block) measurement and head circumference measurement.	X			X	X
6. Vision screening charts (Snellen and illiterate or equivalent) are located in out-of-traffic areas and adjustable to the child's height. Heel line is at the appropriate 10 or 20 foot distance. Uses disposable eye occluders or non-disposable occluders with a cleaning process.	X			X	X
7. Ophthalmoscope with working light.	X			X	X
8. Otoscope has working light with adult and pediatric ear speculums.	X			X	X
9. A pure tone, air conduction audiometer is located in a quiet area with response devices. Calibration date: _____	X			X	X
	X			X	X

Comments: Write comments for all zero (0) scores.

Section Total:

CE	X	X	X	<input type="checkbox"/> Pass <input type="checkbox"/> Fai
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