State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

December 28, 2012

CHDP Program Letter No.: 12-09

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, AND SYSTEMS OF CARE DIVISION STAFF

SUBJECT: REVISED CHDP FACILITY REVIEW TOOL AND MEDICAL RECORD REVIEW TOOL

The CHDP Facility Review Tool and the Medical Review Tool are utilized by the local CHDP program staff to perform an on-site review of an applicant or enrolled provider's service site(s) to assure that a minimum standard is maintained in the delivery of quality care. All CHDP service sites are required to have an initial site inspection completed by the local CHDP program and may have subsequent periodic site inspections.

A subcommittee of the CHDP Executive Committee undertook the revisions of these tools, gathering input from throughout the state and developing recommendations over the course of a year. The recommendations of the subcommittee, with input from local CHDP programs and State CMS staff, were reviewed and approved by the CHDP Executive Committee in July 2012. The culmination of this work is the attached updated CHDP Facility Review Tool and the Medical Review Tool.

This letter notifies local CHDP programs that the CHDP Facility Review Tool and the Medical Review Tool are approved and available to be utilized during site reviews. These tools are posted on the CMS website on the Publications List at: http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx

If you have any questions, please contact your CHDP Regional Office Staff.

Sincerely,

Robert J. Dimand, MD
Chief Medical Officer
Children's Medical Services

Enclosure

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Child Health and Disability Prevention (CHDP) Program

MEDICAL RECORD REVIEW TOOL

CHDP Provider Name: _____

Office Contact Name(s): _____

Site Address: _____

Reviewer Name: _____

_____

Date: _____

Clinician 1) _____

3) _____

2) _____

4) _____

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
1. Format Criteria														
A. An individual medical record is established for each child/youth.		2												
1) Child/Youth identification is on each page.		2												
2) Individual personal biographical information is documented.		1												
3) Emergency contact is identified.		1												
4) Each medical record is consistently organized.		1												
5) Chart contents are securely fastened.		1												
6) Each medical record has documentation that the parent/guardian of the child/youth has received a copy of the office's/clinic's notice of Privacy Practices.		1												
Comments:	Total Possible Per Chart	9												
	Section 1 Total Possible per Chart	**9**										**Section 1 Total:**		

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
2. Documentation Criteria														
A. Allergies and adverse reactions are prominently noted at each well-child visit.		2												
B. Health-related conditions are identified (e.g., problem list).		1												
C. Current continuous medications are listed.		1												
D. Appropriate consents are present:														
1) Consent for Treatment.		1												
2) Release of Medical Information.		1												
3) Informed Consent for specific procedure.		1												
E. Errors are corrected according to legal medical documentation standards.		1												
F. All entries are signed, co-signed if applicable, dated, and legible.		2												
G. Copy of completed pre-enrollment application (DHCS 4073) in chart, if using Gateway.		2												
Comments:	Total Possible Per Chart	12												
	Section 2 Total Possible Per Chart	**12**										**Section 2 Total:**		

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
3. Coordination and Continuity of Care Criteria														
A. Comprehensive Health History.														
1) Past Medical History.		3												
2) Social History.		2												
3) Review of systems.		2												
4) Family History.		2												
B. Treatment plans address identified conditions found during history and physical examination.		**2**												□ Pass □ Fail
C. Instructions of child/youth and/or primary caregiver for follow-up care are documented.		**2**												□ Pass □ Fail
D. Unresolved and/or continuing problems are addressed and documented at the time of the subsequent visit.		2												
Comments:	Total Possible Per Chart	15												□ Pass □ Fail
												Section **Sub**-Total:		

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
3. Coordination and Continuity of Care (Cont'd)														
E. Test results, reports, and referrals														
1) Consultation, test results, diagnostic reports, and referrals have explicit notation of review in the medical record.		**2**												□ Pass □ Fail
2) Test results, diagnostic reports, referrals, and consultation reports are discussed with parent(s), legal guardian, and/or child/youth with explicit notation in the medical record.		**2**												□ Pass □ Fail
3) If Health Assessment Only Provider, referred child/youth to a medical and dental home. **Or** If Comprehensive Health Provider, referred child/youth to a dental home.		3												
4) Age appropriate referral to WIC.		2												
F. Missed appointments and follow-up contacts/outreach efforts are documented.		2												
Comments:	Total Possible Per Chart	11												□ Pass □ Fail
	Section 3 Total Possible Per Chart	**26**										Section **Sub**-Total:		
												Section 3 Total:		□ Pass □ Fail

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
4. Pediatric Preventive Criteria														
A. Developmental Screening Completed. Tool Used:_____		2												
B. Behavioral Screening Completed. Tool Used:_____		2												
C. **Vision Screening (Snellen Test or equivalent) completed and documented.**		**2**												□ Pass □ Fail
D. **Hearing Screening completed and documented.**		**2**												□ Pass □ Fail
E. Fluoride use appropriate for age and location.		2												
F. CHDP lab work is present and documented.														
1) **Hb/Hct.**		**2**												□ Pass □ Fail
2) Other testing is completed as appropriate.		2												
3) Lead counseling, screening ordered, and results documented.		2												
G. TB risk assessment and/or tuberculin skin test (Mantoux) is completed.		2												
Comments:	Total Possible Per Chart	18												
												Section **Sub**-Total:		□ Pass □ Fail

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
4. Pediatric Preventive Criteria (Cont'd)														
H. Childhood Immunizations (IZs):														
1) Immunization summary page is present and includes consolidation of IZs from other sources.		2												
2) **IZs were given by this provider when due (at the time of the visit), unless medically contraindicated or refused by the parent.**		**2**												□ Pass □ Fail
3) **For each vaccine, the administration site, manufacturer and lot number are recorded in the medical record.**		**2**												□ Pass □ Fail
4) For each vaccine, receipt of the Vaccine Information Statement (VIS) is documented including edition date.		2												
I. Age-appropriate growth measurements are taken and plotted sequentially at each visit.														
1) Head Circumference.		2												
2) Body Mass Index (BMI) Percentile.		3												
3) Weight.		2												
4) Length/Height (recumbent length/standing height) taken and plotted on appropriate growth chart.		2												
J. Vital Signs (TPR, BP) are measured at each visit appropriate for age.		2												
Comments:	Total Possible Per Chart	19											Section **Sub**-Total:	□ Pass □ Fail

Criteria met: Give full points. **Criteria not met: 0 points.** **Criteria not applicable: N/A (Give full points)**		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
4. Pediatric Preventive Criteria (Cont'd)														
K. Initial and Periodic Health Assessments are completed.														
1) **History and Physical Exam.**		**2**												□ Pass □ Fail
2) **Dental assessment.**		**2**												□ Pass □ Fail
3) **Nutritional assessment.**		**2**												□ Pass □ Fail
4) **Health education/anticipatory guidance.**		**2**												□ Pass □ Fail
5) **Developmental/Behavioral assessment.**		**2**												□ Pass □ Fail
6) **Tobacco assessment.**		**2**												□ Pass □ Fail
L. Health assessment results submitted for billing/reporting are consistent with documentation in the medical record.		**4**												□ Pass □ Fail
Comments:	Total Possible Per Chart	16												□ Pass □ Fail
Section 4 Total Possible Per Chart		**53**										Section **Sub**-Total:		
												Section 4 Total:		□ Pass □ Fail

Child Health and Disability Prevention (CHDP) Program
MEDICAL RECORD REVIEW TOOL SCORING INSTRUCTIONS AND REVIEWER GUIDELINES

General Guidelines for Review of a Paper or Electronic Medical Record

- All sites, including mobile van, satellite centers, and school-based clinics must be reviewed using the Medical Record Review Tool (DHCS 4492) in conjunction with the CHDP Facility Review Tool (DHCS 4493) during an on-site visit to a provider.
- Local CHDP Programs enrolling a **new** provider should request a pediatric chart(s) with equivalent services.
- On subsequent reviews, request current CHDP records.
- This form may not be used for more than one provider.

Directions for Scoring

- Every item is weighted.
- Total possible points = 100 (per record reviewed).
- Review a minimum of **five** randomly selected medical records per provider site.
- Score full weighted points for each criterion that is met. Do not score partial points for any criterion.
- Score zero points if criterion is not met.
- Not applicable (N/A) applies to any criterion that does not apply to the medical record being reviewed. Score N/A with the full weighted points (1 or 4 as designated) for that criterion.
- Add the category scores for each record reviewed to determine to total points of the review score.
- Multiply the number of records reviewed by the total possible points per record to score the total possible points. (100 X number of records reviewed)
- Calculate the percent score by dividing the Review score points by the total possible point. For example,

	Review Score Points Awarded	Total Score Points Possible	Percent Score Calculation
Five Records	450	500	450 ÷ 500 X 100 = 90%

- Round percentages to the next smaller percentage if < 0.5 or to the next larger percentage if 0.5 or >. For example, if the score for five records was 74.8%, would be reported as 75%.
- Determine the degree of successful completion by the provider for the Medical Record Review using the following thresholds.

Line Items: Optional per local county determination

- Line item components are identified in ***Bold*** and, if used, must be met in addition to the overall score. If 50% or more of the medical records are deficient in a particular line item, the criteria is not met (e.g. failed). Criteria will be reassessed at a follow-up visit and Conditional Approval may be warranted if line item components are still deficient.

FULL APPROVAL 88% through 100% with line items passed

CONDITIONAL APPROVAL 70% through 87% with line items failed

NOT APPROVED less than 70%

Child Health and Disability Prevention (CHDP) Program
Medical Record Review Scoring Summary Sheet

Instructions:

- Transfer point totals from the Medical Record Review Tool (DHCS 4492) for each Criteria Section into the Total Points Given column. Add up Total Points Given.
- Enter the number of Total Records Reviewed. Multiply the Total Records Reviewed by the Maximum Points Possible for Each Record Reviewed to determine the Maximum Points Possible for All Records Reviewed. Add up Maximum Points Possible for All Records Reviewed.
- To determine the percentage, calculate: (Total Points Given ÷ (Maximum Point for All Records Reviewed) X 100 = Percentage. Then follow the instructions for scoring the Medical Record Review Tool.

Optional: Line Items

- Enter the number of line items passed and/or failed for each criteria section into the line item passed/failed columns.
- The provider is placed on Conditional Approval if any lines items are failed, regardless of the total numeric score.

Medical Record Criteria	Total Points Given	Maximum Points Possible			Line Items	
		Total Records Reviewed	For *Each* Record Reviewed	For *All* Records Reviewed	# passed	# failed
1. Format			9			
2. Documentation			12			
3. Coordination and Continuity of Care			26			
4. Pediatric Preventive Care			53			
Total Score			100		□ pass	□ fail

Approval Status: ☐ Full Approval with line items passed 88% through 100% ☐ Conditional Approval with line items failed 70% through 87% ☐ Not Approved less than 70%

CHDP Medical Record Reviewer Guidelines

Rationale: A well-organized medical record keeping system permits effective and confidential client care and quality review.

1. Format Criteria	**Medical Record Reviewer Guidelines – Format (All criteria applies to paper and Electronic Medical Record (EMR) or Electronic Health Record (EHR) charts unless otherwise stated). For the purposes of these guidelines, EMR will be referenced.**
A. An individual medical record is established for each child/youth.	Providers must be able to readily identify each client treated. A medical record shall be started upon the initial visit for each child/youth. "Family Charts" are not acceptable. EMR: Reviewer needs access to all relevant/pertinent areas of the EMR to complete the medical record review. Provider office staff must be available to reviewer to assist EMR review as needed.
1) Child/youth identification is on each page.	Child/youth identification must include first and last name, and/or a unique client number established for use at the clinic site.
2) Individual personal biographical information is documented.	Personal biographical information includes: date of birth, current address, home/work phone numbers, and name of parents, if client is a minor. If portions of the personal biographical information are not completed, reviewers should attempt to determine if client has refused to provide information. Do not deduct points if client has not provided all personal information requested by the provider.
3) Emergency "contact" is identified.	The name and phone number of an "emergency contact" person shall be identified for all clients. If the client is a minor, the contact person must be a parent or legal guardian. Emancipated minors and adults may list anyone they so choose. Do not deduct points if client has not provided personal information requested by the provider.
4) Each medical record on site is consistently organized.	Contents and format of printed and/or electronic records within the practice site are uniformly organized.
5) Chart contents are securely fastened.	Printed chart contents must be fastened or bound to prevent medical record loss. Document NA if EMR.
6) Notice of Privacy Practices.	Signed form or sticker needs to be present in chart identifying the parent/guardian received a copy of the privacy notice.

Rationale: Well-documented medical records facilitate communication and coordination, and promote the efficiency and effectiveness of treatment.

2. Documentation Criteria	**Medical Record Reviewer Guidelines - Documentation**
A. Allergies and adverse reactions are prominently noted at each well-child visit.	Allergies and adverse reactions must be listed in a consistent location in the medical record. If client has no allergies/adverse reactions, "No Known Allergies" (NKA) OR "No Known Drug Allergies" (NKDA) must be documented.
B. Health-related conditions are identified (e.g., problem list).	Chronic conditions include current long-term, on-going problems with slow progress or little progress (e.g., hypertension, depression, diabetes). Documentation can be on a separate problem list or listed in the progress notes.
C. Current continuous medications are listed.	The list of current, on-going medications must include medication name, strength, dosage. Documentation can be on a separate problem list or listed in the progress notes.
D. Appropriate consents are present in record.	Providers must obtain voluntary written consent prior to examination and treatment, with appropriate regard to the patient's age and following State and Federal laws. Consent also must be obtained prior to release of patient information. Minors (patients younger than 18 years of age) may provide their own legal consent for CHDP health assessment services, if: 1) The minor is emancipated, as determined by the court, 2) The minor is, or has been, married or 3) Parental consent for the service is not necessary under State or Federal law. For more information related to minor consent laws: http://publichealth.lacounty.gov/std/docs/Adolescent_Confidentiality_Toolkit.pdf.
E. Errors are corrected according to legal medical documentation standards.	Persons making a documentation error must correct it by drawing a single line through the error, writing "error" above/near the lined-through entry, writing the corrected information, and signing the entry. Erasing and/or use of correction fluid is not acceptable. EMR: As appropriate, errors are documented per provider protocol (copy of protocol is available).
F. All entries are signed, co-signed, if applicable, dated and legible.	Signature includes the first initial, last name, and title. Stamped signatures are acceptable, but must be authenticated. Methods used to authenticate signatures in electronic medical records are dependent upon computerized system used on site, and must be individually evaluated by reviewers. Date includes the month/day/year. Physician's assistants must have a co-signature by a physician as required by California law (copy of protocol is available). Legibility means the record entry is readable by a person other than the writer.
G. Copy of pre-enrollment application (DHCS 4073) must be in chart if using Gateway.	Must be presented when requested by the State and/or local CHDP program. The DHCS 4073 and the Immediate Need Eligibility Document must be retained or scanned into the client record. It is recommended that the application summary also be retained in the record. A copy of the DHCS 4073 must be completed, signed and dated. If client has full-scope Medi-Cal document NA.

Rationale: The medical record promotes "seamless" continuity-of-care by communicating the client's past and current health status and medical treatment, and future health care plans.

3. Coordination and Continuity of Care Criteria	**Medical Record Reviewer Guidelines – Coordination and Continuity of Care**
A. Comprehensive health history, including family history is done.	A comprehensive health history should include the following information for all clients: family history, including serious accidents, diseases, and surgeries. Pediatric histories should include past prenatal and birth history, results of newborn hearing screening (for infants up to 1 year of age), growth and development, social, and childhood illnesses. For clients aged 14 years and above, the history includes past and current sexual history, tobacco, alcohol, and substance use, and mental health issues. An update to the Health History and Review of Systems is documented at each periodic visit.
B. Treatment plans address identified conditions found during history and physical examination.	Treatment and/or action plan is documented for each diagnosis, and relates to the stated diagnosis.
C. Instructions of child/youth and/or primary caregiver for follow-up care are documented.	Specific follow-up instructions, along with a definitive time for return visit or other follow-up care is documented. Time period for return visits and/or other follow-up care is definitively stated in number of days, weeks, months, etc., or as needed.
D. Unresolved and/or continuing problems are addressed and documented at the time of subsequent visits.	Documentation shows that unresolved and/or chronic problems are assessed at subsequent visits. All problems need not be addressed at every visit. Reviewer should be able to determine if provider follows up with client about treatment regimens, recommendations, counseling, and referrals.
E. Test results, reports and referrals.	Medical record contains consultation reports, diagnostic test results, and referrals. There is documented evidence of review by the examiner. A physician must review all reports with evidence in medical record of follow-up with the client. Record includes notation about client contact or attempted contacts, follow-up treatment and/or instruction provided, and return. Diagnostic (e.g., lab, x-ray) test reports, consultation summaries, inpatient discharge records, emergency and urgent care records must have evidence of review by a physician. Evidence of review may be the physician's initials or signature on the report/record, or a notation in the progress note by physician. EMR: Copy of protocol is available upon request. Health Assessment Only providers have documented a referral to both a medical and dental provider. Beginning at age three years, all children are referred annually to a dentist regardless of whether a dental problem is detected or suspected. If a Comprehensive Health Care Provider, the examiner has made an annual referral to a dentist regardless of whether a dental problem is detected or suspected. Dental exams are recommended at age 1 year. Referral is required at age 3 years. Infants and children younger than 5 years of age may be eligible for the Women, Infants, and Children (WIC) Supplemental Nutrition Program and should be referred appropriately.
F. Missed appointments and follow-up contacts/outreach efforts are documented.	Documentation includes incidents of missed appointments and/or examinations. Attempts to contact the client and/or parent/guardian (if minor), and the results of follow-up actions are also documented in the record.

Rationale: The medical record promotes "seamless" continuity of care by communicating the client's past and current health status, medical treatment, and future health care plans.

4. Pediatric Preventive Criteria	**Medical Record Reviewer Guidelines – Pediatric Preventive Care**
A. Developmental Screening is completed.	Children are assessed for developmental and behavioral risks. The use of a standardized screening tool is recommended. Indicate the standardized tool the provider uses. Refer to Health Assessment Guidelines for standards.
B. Behavioral Screening is completed.	
C. Vision screening is completed and documented.	Vision screening is completed with results according to CHDP periodicity. Screening for visual problems should occur at each health assessment visit and results should be documented in the record and on the PM 160. Vision screening for infants and children from birth to three years of age consists of a red reflex examination, corneal penlight evaluation, and an external eye inspection. The Health Assessment Guidelines indicates the use of standardized charts, such as HOTV, LEA or equivalent charts, for children age three to five years; Snellen or equivalent charts, for children age six years and older may be used. The method used for visual screening varies depending on the age, maturity, and language development level of the child. CHDP recommends that any child unable to be tested after two attempts or in whom an abnormality is detected be referred for an initial eye evaluation by an optometrist/ophthalmologist experienced in the care of children. Referral to an optometrist or ophthalmologist is provided as appropriate. Refer to Health Assessment Guidelines for standards.
D. Hearing screening is completed and documented.	The American Academy of Pediatrics (AAP) recommends initial newborn hearing screening prior to discharge from the delivery hospital or by approximately one month of age. The CHDP assessment for hearing problems includes non-audiometric screening for infants and children from two months through two years of age. Non-audiometric screening may include an assessment of speech and language development, a family and medical history, parental concerns, physical examination, and use of measured noisemaker or sound generators. Audiometric screening is done on children and young adults from age 3-20 years at each health assessment visit. The screening results are documented in the medical record and on the PM 160. Failed audiometric screenings are followed up with a repeat screening. Children who fail to respond on two screenings separated by an interval of at least two weeks and no later then six weeks after the initial screening should be referred to a specialist and/or California Children's Services (CCS). Refer to Health Assessment Guidelines for standards.
E. Fluoride Use.	It is recommended to prescribe a fluoride supplement if drinking water isnot adequately fluoridated. Fluoride Varnish applications should be offered for children less than 6 years of age, up to 3 times per year, based on the caries risk of the child.
F. CHDP lab work is present. Other testing is completed as indicated. Lead counseling and testing are completed.	Each child has a hemoglobin (Hb) or hematocrit (Hct), and other lab as appropriate for age and according to the CHDP periodicity schedule. Urine dipstick and analysis, glucose and cholesterol screening, pap smears, chlamydia testing, or other sexually transmitted illnesses (STI) testing are performed as indicated. Follow the current lead protocol in the CHDP Health Assessment Guidelines. Follow-up care or referral to specialist is provided as appropriate.
G. TB risk assessment and/or tuberculin skin test is completed.	The TB Risk Assessment Questionnaire is administered at each health assessment visit. The Tuberculin Skin Test (TST) is administered as indicated. The TST is read by trained personnel 48-72 hours after administration, and is recorded in millimeters (mm) of induration. Children with positive reactions have documentation of follow-up medical evaluation, chest x-ray, and other needed diagnostic laboratory studies, or referral to specialist as appropriate. Refer to Health Assessment Guidelines for standards.

Rationale: The medical record promotes "seamless" continuity of care by communicating the client's past and current health status, medical treatment, and future health care plans.

4. Pediatric Preventive Criteria (cont)	**Medical Record Reviewer Guidelines – Pediatric Preventive Care (cont)**
H. Childhood immunizations are up to date. Immunization history and record are present. Immunization log meets VFC requirements.	There is a consolidated immunization record present. Immunization registry summary is acceptable. Immunization status is assessed at each health assessment visit and during each encounter. All needed vaccines are administered according to guidelines established by the Public Health Service Advisory Committee on Immunization Practices (ACIP), unless medically contraindicated or refused by the parent. For each vaccine, the manufacturer and lot number is recorded in the medical record. Documentation of receipt of VIS exists including date of VIS. Generally found on the Immunization Administrative Sheet. (See the current edition of the "Pink Book" under the appendix related to the VIS at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/appdx-full-e.pdf.) A history of immunizations received and a copy of the current immunization records should be in the paper chart or EMR. The Immunization Log must have the elements required by the Vaccines for Children (VFC) Program.
I. Evidence of Complete Physical Examination is documented, including age-appropriate growth measurements.	Age-appropriate growth measurements are taken and plotted sequentially at each visit according to the CHDP Health Assessment Guidelines. When appropriate for age, each child/client under the age of 2 has a head circumference taken and plotted on a growth chart. Each child/client over the age of 2 has a length/height and weight taken and plotted at each visit. For children over the age of 2, Body Mass Index (BMI) percentile is determined and plotted on the appropriate growth chart. Note: Charts of comprehensive care providers shall have evidence of episodic care. A complete physical exam – unclothed – is documented at each periodic visit. Each visit has a documented diagnosis or impression and is based on an age appropriate physical exam, or stated chief complaint or reason for the visit based on client interview.
J. Vital signs (TPR, BP) are measured at each visit appropriate for age.	Vital signs (TPR) are measured and recorded at each visit. Blood pressure (BP) measurement begins at three years of age. If hypertension (BP ≥ 95th percentile for age and sex) is suspected, the child's position, limb, and cuff size are documented in the medical record. The BP measurement is repeated if ≥ the 90th percentile for age and sex. Refer to Health Assessment Guidelines for current standards.
K. Initial and periodic health assessments are completed and recorded on a PM 160.	**Initial and periodic health assessments** are completed according to CHDP periodicity. Initial and periodic health assessments shall have nutrition, dental, health education/anticipatory guidance, developmental and tobacco assessments and guidance. EMR: Age and content appropriate templates used for well child exam. CHDP Program pediatric preventive physical examinations are completed at each health assessment visit and include: (1) review of systems and interval histories as appropriate; (2) anthropometric measurements of weight and length/height, and head circumference of infants up to age 24 months; (3) physical examination/body inspection, including screening for sexually transmitted infections (STI's) of sexually active adolescents. Assessments are appropriately recorded on Confidential Screening/Billing Report (PM 160) forms, with identified problems documented in the progress notes. Follow-up care or referral is provided for identified physical health problems as appropriate. **Dental Assessment** includes an inspection of the mouth, teeth, and gums at every health assessment visit. Children are referred to a dentist at any age if a dental problem is detected or suspected. In accordance with the recommendation of the AAP, the CHDP program recommends a direct referral to a dentist beginning at one year of age and at least annually thereafter.

	Nutritional Assessment requirement includes: (1) anthropometric measurements; (2) laboratory test to screen for anemia (hematocrit or hemoglobin); and (3) breastfeeding/infant formula intake status, food/nutrient intake, and eating habits. Based on problems/conditions identified in the nutritional assessment, reviewers should look for referral of nutritionally at-risk children under five years of age to the Women, Infants and Children (WIC) Supplemental Nutrition Program, or for medical nutrition therapy and/or other in-depth nutritional assessment as appropriate. **Health Education/Anticipatory Guidance** is provided at each health assessment visit. This includes providing or referring to counseling, and providing appropriate, specifically related educational materials. Identified problems and interventions (nutrition counseling, parenting classes, smoking cessation programs, etc.) are addressed in the progress notes. **Developmental Assessment** – refer to Health Assessment Guidelines for standards. List screening tool if used. **Behavioral Assessment** includes an age appropriate and culturally sensitive socio-emotional/behavioral history and screening at each health assessment visit. Integrate information from the health history and physical examination to determine whether the child's development and behavior falls within a normal range according to age group and cultural background. **Tobacco Assessment** – refer to Health Assessment Guidelines for standards.
L. Health assessment results submitted for billing/reporting are consistent with documentation in the medical record.	The findings of the health assessment are recorded in the client's medical record and are reported on the statewide report form known as the Confidential Screening/Billing Report (PM 160). The findings recorded and reported are the same for the date of service. EMR: Copy of PM160 must be scanned into the record.

The following link contains information regarding Federal and State medical record retention policies and regulations:
http://www.thedoctors.com/KnowledgeCenter/PatientSafety/articles/CON_ID_001849

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: *check only one* ☐ Comprehensive ☐ Health assessment only	

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

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

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				☐ Pass ☐ Fail
	Physician					
	Doctor of Osteopathy					
	Physician Assistant (PA)					
	Nurse Practitioner					
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				☐ Pass ☐ Fail
		2				

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

1. Personnel (cont)

Site Personnel Survey Criteria *(continued)*	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				

Section Total:	15				

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				

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				

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

Section Total:	25				

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				

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

Section Total:	10				

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.					☐ Pass ☐ 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				
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				☐ Pass ☐ Fail
3. **Written plan** delineating the procedures followed for an emergency medical condition* including activation of the local 911 EMS system.	CE				☐ Pass ☐ Fail
4. **Medication dosage chart** (or other method for determining dosage) is kept with emergency medication(s).	CE				☐ Pass ☐ 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				☐ Pass ☐ 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				☐ Pass ☐ Fail
8. At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.	3				
9. Poison control numbers for health professionals and consumers are prominently posted and visible for staff.	2				

Subtotal:					
	CE				☐ Pass ☐ Fail
	8				

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

Section Total:					
	CE				☐ Pass ☐ Fail
	8				

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				☐ Pass ☐ 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				

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				
1. Personal protective equipment (e.g., gloves, gowns, eye/face protection) is available.					
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				

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

Section Total:					
	CE				☐ Pass ☐ Fail
	12				

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				☐ Pass ☐ Fail
1. Has a process to check and dispose of expired immunizations (no expired immunizations are present.)					
2. Has a clean area for preparing immunizations.					
3. Has syringes and disposable needles in various sizes as needed (syringes- 3 cc and tb; needles- 5/8” and 1”).					
4. Stores immunizations separate from food, lab specimens, cleaning supplies, and other items that may cause contamination.					
5. Stores immunizations, needles and syringes so that they are accessible only to staff responsible for their use.					
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.					
7. Immunizations are stored according to manufacturer requirements. (The refrigerator at 2° to 8° C/35 ^{o} to 46 ^{o}F and the freezer at -15 ^{o}C/5 ^{o}F or lower.)					
8. Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.					
9. Has a written log documenting refrigerator and freezer temperatures twice a day.					
10. Has a freezer with its own external door separate from the refrigerator.					
11. Has purified protein derivative injectable tuberculin. Date opened_____					
12. Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.					

Pharmaceutical Services Survey Criteria *(continued)*	**Wt.**	**Yes**	**No**	**N/A**	**Site Score**
13. Has current immunizations or combinations as recommended by ACIP. (List vaccines here)					
Section Total:	CE				☐ Pass ☐ 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				☐ Pass ☐ Fail
1. Exam tables and lights are in good repair. Percussion hammer, tongue blades, paper for tables, and client gowns are available.					
2. Stethoscope and sphygmomanometer with various appropriate cuff sizes (infant, child, adult, overweight).					
3. Thermometers: Tympanic, oral, or axillary.					
4. Scales: Adult calibration date: _____ Infant calibration date: _____					
5. Measuring devices for stature (recumbent or standing with rigid right angle head and foot board block) measurement and head circumference measurement.					
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.					
7. Ophthalmoscope with working light.					
8. Otoscope has working light with adult and pediatric ear speculums.					
9. A pure tone, air conduction audiometer is located in a quiet area with response devices. Calibration date: _____					

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

Section Total:	CE				☐ Pass ☐ Fai

Criteria	Reviewer Guidelines
Facility Review Face Page	Review Date: Complete by entering the date or dates of review. Last CHDP Review Date and Results: Enter the date that a prior review was completed and the percent compliance. Provider Name: Enter legal name of Provider for the facility being reviewed. Address: Enter the address of the facility being reviewed. Telephone Number: Enter the primary phone number of the office. Fax: Enter the fax number of the office. Contact Person/Title: Enter the first and last name and the title of the person with whom the visit was arranged. This should be the person designated by the Provider as the primary contact. Clinicians on Site: Enter first and last name(s) and license title (MD, PA, NP) of CHDP physician(s), physician assistants, nurse practitioners performing CHDP health assessment(s) at the site. (Attach additional sheet with names if necessary) Reviewer/Title: Enter first and last names and license title of the reviewer(s) conducting the facility review. CHDP Provider: Place a mark in the space that designates Comprehensive Care versus Health Assessment Only, as defined on page 5-2 of the CHDP Local Program Guidance Manual. Visit Purpose: Indicate the purpose for this site visit to the facility. Check only one of the following. • Initial Full Scope: Visit to a new Provider Applicant, not previously enrolled. • Periodic Full scope: Provider Applicant enrolled and in the process of 3 yr. Recertification review. • Monitoring/Focused Review: Additional review as the result of complaints or local program monitoring. • Follow Up: Previous site visit observed and reported problem areas or potential problems were identified through review of documents, or CHDP received a client complaint. History of Other DHCS Certifications: If known, list other site visits provider has had. Provider Types at Site: Check all types of licensed providers doing CHDP exams at this site. Office/Clinic Type: Indicate the type of CHDP provider for this Provider that corresponds with the range of provider types in CHDP. Select the type that pertains to this site. Score: Enter points given divided by total point to obtain decimal score. Multiply decimal score X 100 to obtain compliance rate and enter percent compliance in the space provided. Compliance Threshold: Note measures taken as a result of compliance rate outcome. Approval Status: Identify the approval status using the criteria listed in the Facility Review Tool Instructions and check one.

Criteria	Reviewer Guidelines		
1. Personnel **A. Professional licenses and certifications are current for all health assessment providers at this provider site.**	**Medical Professional**	**License/Certification**	**Issuing Agency**
	Physician/Surgeon (MD)	Physician/ Surgeon License	Medical Board of CA
	Doctor of Osteopathy (DO)	Physician's & Surgeon's License	Osteopathic Medical Board of CA
	Physician Assistant (PA)	PA License	Physician Assistant Examining Committee/Medical Board of CA
	Nurse Practitioner (NP)	RN License and NP License NP Furnishing Certificate (as applicable)	CA Board of Registered Nursing CA Board of Registered Nursing
	This information can be found at: http://www2.dca.ca.gov/pls/wllpub/wllquery$.startup ***Note:*** *All medical professional California licenses and certifications must be current and issued from the appropriate agency. The above listed medical professional licenses and certificates are issued for practice in California. Any license/certification that has been approved during the current re/credentialing process need not be re-checked during the site review. Any licenses or certifications not included in the re/credentialing process must be checked for current status as part of the site review process.*		
B. Health care personnel are properly identified.	A health care practitioner shall disclose, while working, his or her name and practitioner's license status, as granted by the State of California, on a name tag at least 18-point type. "Health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under the California Business and Professional Code. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt not to wear a nametag. In the interest of public safety and consumer awareness, it shall be unlawful for any person to use the title "nurse" in reference to himself or herself, in any capacity, except for an individual who is a registered nurse, or a licensed vocational nurse. Although staff model sites or sites with centralized personnel departments are not required to keep documents or copies on site for reviewers, copies of documents and/or lists of currently certified or credentialed personnel must be readily available, if needed. (See http://www.medbd.ca.gov/licensee/notices_to_consumers.html#notice regarding prominent display of business and professional licensure). **Note:** If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for the individual safety or therapeutic concerns.		

C. Staff are qualified and trained and have access to information to ensure a safe office environment.	Medications: Unlicensed staff (e.g. medical assistant) has evidence of appropriate training and supervision in all medication administration methods performed within their scope of work. Administration of medications by a medical assistant (MA) means the direct application of pre-measured medications orally, sublingually, topically, vaginally or rectally, by providing a single dose to a patient for immediate self-administration, by inhalation or by simple injection. In every instance, prior to administration of medication by the MA, a licensed physician or podiatrist, or another person authorized by law to do so shall verify the correct medication and dosage. The pre-labeled medication container must be shown to the licensed person prior to administration. A MA may administer injections or scheduled drugs, including narcotic medications, **only** if the dosage is verified and the injection is intradermal, subcutaneous, or intramuscular. All medications administered by an MA must be specifically authorized by the supervising physician. Specific authorization means a specific written order or standing order prepared by the supervising physician. MAs may not place an intravenous (IV) needle, start or disconnect the IV infusion tube, administer medications or injections into an IV line, or administer anesthesia. Medical Equipment: All personnel are appropriately trained in the proper utilization of all medical equipment they are expected to operate in their scope of work. For any medical equipment kept on site, there are personnel on site who are qualified and/or trained to use equipment properly. (For example, audiometric testing, vision screening, obtaining BMI percentile, if there is an emergency "Crash" cart/kit on site, personnel on site are qualified and properly trained in the correct use of the equipment). Reviewers may interview site personnel regarding the appropriate use of equipment and/or request demonstrated use of equipment, as appropriate. Unlicensed personnel: MAs are unlicensed health personnel, at least 18 years of age, who perform basic administrative, clerical, and non-invasive routine technical supportive services under the supervision of a licensed physician, surgeon or podiatrist in a medical office or clinic setting. Supervision means that licensed physician must be physically present in the treatment facility during the performance of authorized procedures by the medical assistant. In order to administer medications by intramuscular, subcutaneous and intradermal injection, to perform skin tests or venipuncture for the purpose of withdrawing blood, a medical assistant must have completed at least the minimum amount of training hours established in Title 16, section 1366.1. Training may be administered under a licensed physician; or under a RN, LVN, PA, or other qualified medical assistant acting under the direction of a licensed physician. The supervising physician is responsible for determining the training content and ascertaining proficiency of the medical assistant. Medical Assistant (MA) training documentation maintained on site must include the following: A) Diploma or certification from an accredited training program/school, ***or*** B) Letter/statement from the current supervising physician that certifies in writing: date, location, content, and duration of training, demonstrated proficiency to perform current assigned scope of work, and signature. C) Evidence of training or attendance at state audiometric training and vision training is documented. **Note:** Personnel on site must be qualified for their responsibilities and adequately trained for their scope of work. Site staff should have a general understanding of the systems/processes in place, appropriate supervision and knowledge of the available sources of information on site. Non-Physician Medical Practitioners NMP: Nurse Practitioners (NP): Nurse practitioners are prepared through education and experience to provide primary care and to perform advanced procedures. The extent of required supervision must be specified in the Standardized Procedures. Physician Assistants (PA): Every PA is required to have the following documents: 1) Delegation of Services Agreement: This written agreement between the supervising physician and PA defining specific procedures identified in practice protocols or specifically authorized by the supervising physician must be dated and signed by both individuals. An original or copy must be readily accessible at all practice sites in which the PA works. There is no established time period for renewing the Agreement, but it is expected that the Agreement will be revised, dated and signed whenever any changes occur. Failure to maintain a Delegation of Services Agreement is a violation of the Physician Assistant Regulations and is grounds for disciplinary action by the Medical Board of California against a physician assistant's licensure.

Criteria	Reviewer Guidelines
1. Personnel **C. All staff members are qualified and trained for assigned responsibilities.**	2) Approved Supervising Physician's Responsibility for Supervision of Physician Assistants: This written document, signed by the supervising physician defines supervision responsibilities and methods required by Title 16, section 1399.545 of the Physician Assistant Regulations. The following procedures must be identified: a) Transport and back-up procedures for immediate care of patients in need of emergency care that is beyond the PA's scope of practice when the supervising physician is not on the premises. b) One or more of the following methods for performing medical record review by the supervising physician: • examination of patient by supervising physician the same day as care is given by the PA • review/audit and countersign all medical records of the PA within 30 days of the encounter • review/audit and countersign medical records of at least 5% of patients managed by the PA under any protocols adopted by the supervising MD and PA • other methods approved in advance by the Physicians Assistant Examining Committee. c) Responsibility to review, countersign and date within 7 days the medical record of any patient cared for by a PA for whom the physician's prescription was transmitted or carried out. d) Responsibility to review, countersign and date medical records of any patient cared for by a PA operating under interim approval within 7 days if physician was on the premises at the time and within 48 hours if physician was not on the premises. e) Responsibility of the PA to enter the name of his/her approved supervising physician who is responsible for the patient on the medical record, chart or written order each time the PA provides care and enters his/her name, signature, initials or computer code. When the PA transmits an oral order, the supervising physician's name must also be stated. **Note:** Standardized procedures legally define the expanded scope of nursing practice that overlaps the practice of medicine. CNMs and NPs operate under written Standardized Procedures that are collaboratively developed and approved by the supervising physician, the NP and administration within the organized health care facility/system in which standardized procedures will be used. Standardized Procedures should identify the furnishing of drugs or devices, extent of physician or surgeon supervision, method of periodic review of competence, including peer review, and review of provisions in the Standardized Procedures. Standardized Procedures shall undergo periodic review, with signed, dated revisions completed at each change in scope of work. Supervision of Non-Physician Medical Practitioners (NPMP): Supervising physician: "Supervising physician" means a physician and surgeon licensed by the Medical Board or by the Osteopathic Medical Board of California who supervises one or more physician assistants, possesses a current valid license to practice medicine, and is not currently on disciplinary probation for improper use of a physician assistant. Physicians must comply with all current and/or revised requirements established by the Medical Board of California for supervising physician assistants. Supervision of physician assistants: "Supervision" means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. The Supervising Physician holds ultimate responsibility for the practice of each supervised non-physician medical practitioner. The ratio of physician supervising to number of NPMPs is not to exceed established ratios in any combination of the following: 1:4 Nurse Practitioners 1:4 Physician Assistants The designated supervising or back-up physician is to be available in person or by electronic communication at all times when a NPMP is caring for clients.

Criteria	Reviewer Guidelines
1. Personnel **C. All staff members are qualified and trained for assigned responsibilities.**	There are written policies and procedures or other written documentation for: 1. Infection control/universal precautions 2. Bloodborne pathogens exposure prevention 3. Biohazardous waste management 4. Disaster preparedness for emergency nonmedical events (e.g., workplace violence) 5. Child/elder/domestic violence abuse and mandated reporting 6. Fire prevention/safety 7. Implementation of HIPAA requirements (e.g., client confidentiality, release of information) 8. Sensitive services/minor's rights 9. Consent for treatment Acceptable evidence of training shall include documentation of in-service training, which may include educational curriculum/lesson plans, and training attendance records. Staff is able to locate procedures on site, and can explain how to use information. There is written documentation of orientation of new staff within three months of hire, and annual training of existing staff on the following: 1. Infection control/universal precautions 2. Bloodborne pathogens exposure prevention 3. Biohazardous waste management 4. Disaster preparedness for emergency nonmedical events (e.g., workplace violence) 5. Child/elder/domestic violence abuse and mandated reporting 6. Fire prevention/safety 7. Implementation of HIPAA requirements (e.g., client confidentiality, release of information) 8. Sensitive services/minor's rights 9. Consent for treatment 10. CHDP training in anthropometric measurements, including obtaining Body Mass Index (BMI) percentile. 11. Medical emergency staff training and participation in mock drills (Office BLS procedures)* 12. Completion and utilization of CHDP training in audiometric screening, or equivalent upon approval of local program. (At least every four years) 13. Completion and utilization of CHDP training in vision screening, or equivalent upon approval of local program. (At least every four years) *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 and as Excerpted from Title 22, California Code of Regulations (CCR), Section 51056(b).

Criteria	Reviewer Guidelines
2. Office Management **A. Physician coverage is available 24 hours a day, 7 days a week.**	Current clinic office hours are posted within the office or readily available upon request. When a physician is not on site during regular office hours, site staff is able to contact the physician at all times by telephone, cell phone, pager, etc. Personnel is knowledgeable about scheduled physician coverage during office hours and for after-hours urgent and emergent physician coverage 24 hours a day, 7 days per week, to provide follow up care. Current resource information is available to site personnel. Note: This is a requirement for Comprehensive Care entities/examiners only. Health Assessment Only entities/examiners must refer clients to medical and dental homes that provide this coverage. Telephone triage is the system for managing telephone callers during and after office hours. In addition to the physician, only appropriately licensed medical personnel such as a NP, RN, or PA shall handle emergency, urgent, and medical advice/triage telephone calls. **Note:** The review of office management evaluates whether effective clinic office systems are in place and whether site personnel appropriately use established site-specific procedures. The primary objective of effective clinic office management is to support and enhance the provision of appropriate, coordinated health care services.
B. Readily available health care services shall be provided.	There is a process/system in place on site that provides clients with timely access to appointments for routine care, urgent care, prenatal care, initial and periodic pediatric health assessments/immunizations, initial health assessments, specialty care and emergency care. **Note:** the Board of Vocational Nurse and Psychiatric Technician Examiners have determined that the Licensed Vocational Nurse Practice Act does not permit the LVN to perform triage independently. Licensed vocational nurses may perform that part of the triage process that includes observation and data collection relative to basic physical assessment. Licensed vocational nurses may not perform that part of the triage process that includes independent evaluation, interpretation of data, and determination of treatment priorities and levels of care. Unlicensed personnel, such as medical assistants, may provide patient information and instructions only as authorized by the physician (Title 16, §1366(b).
C. All Provider sites provide interpreter services for limited English proficient clients either through telephone language services or interpreters on-site.	All provider sites provide 24-hour interpreter services for all clients either through telephone language services or interpreters on site. Any site personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities. A family member or friend may be used as an interpreter if requested by the LEP individual after being informed of their right to use free interpreter services. A client's request for or refusal of language/interpreter services must be documented in the client's medical record. **Note:** Assessment of interpreter skills may include written or oral assessment of bilingual skills, documentation of the number of years of employment as an interpreter or translator, documentation of successful completion of a specific type of interpreter training programs (medical, legal, court, semi-technical, etc.), and/or other reasonable alternative documentation of interpreter capability.

Criteria	Reviewer Guidelines
2. Office Management **D. Referral/ consultative services are handled according to established site-specific procedures.**	There is a process/system in place on site to make timely referrals both internally and externally, track outstanding referrals, complete review reports, provide follow-up care, and file reports in medical records. Referral resource information is readily available on site for use by provider and site personnel. Systems will vary per site. However, personnel must effectively utilize established site specific procedures to ensure timely provision of referral/consultative services and follow-up care. Current Medi-Cal provider manual, CHDP Health Assessment Guidelines, and CHDP Provider Manual or other manuals are available for reference. Give points if they have evidence that the CHDP Provider Manual is on-line. The policy should include a notation that missed and/or canceled appointments, contact attempts, and results of referral(s) are documented in the client's medical record.
E. Medical records are available for the Provider at each scheduled client encounter.	A system is in place and utilized by site personnel to effectively coordinate the availability of medical records, including outpatient, inpatient, referral services, and significant telephone consultations, for client encounters.
F. Confidentiality of personal medical information is protected according to State and Federal Guidelines, including HIPAA.	Privacy: Clients have the right to privacy for dressing/undressing, physical examination and medical consultation. Practices are in place to safeguard client privacy. Because dressing areas and examination room configurations vary greatly, reviewers will make site-specific determinations. New patients are given practice privacy policies. Confidentiality: Personnel follow site office policy/procedures for maintaining confidentiality of individual 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. Electronic records: If an electronic record-keeping system is used, procedures must be in place to ensure client confidentiality, prevent unauthorized access, authenticate electronic signatures, and maintain computer systems. Security protection must include an off-site backup storage system, an image mechanism with the ability to copy documents, a mechanism to ensure recorded input unalterable, and file recovery procedures. Confidentiality protection may also include use of encryption, detailed user access controls, transaction logs, and blinded files. Record release: Medical records cannot be released without written, signed consent from the client or client's representative, identifying the specific medical information to be released. The release terms, such as to whom records are released and for what purposes, should also be described. This does not prevent release of statistical or summary data, or exchange of individual identifiable medical information between individuals or institutions providing care, fiscal intermediaries, research entities and State or local official agencies.

Criteria	Reviewer Guidelines
3. Health Education Services **A. Health education services are available to clients.**	Health education services: These may include provider, or community sponsored services such as individual instruction, family counseling, group classes and/or other health educational program. Health education materials: These may include written or electronic information, audio and/or videotapes, computerized programs, and visual presentation aids. General topics for health educational materials may include Immunizations, Pregnancy, Injury Prevention, Smoking Cessation, Dental Health, Anticipatory Guidance, Nutrition, Physical Activity, STI/HIV Prevention, Family Planning, Asthma, Hypertension, Diabetes, etc. Materials may be located in an accessible area on site such as exam or waiting room, or provided by clinic staff to clients upon request. Threshold languages: Informing materials and interpreter services must be provided in identified threshold and concentration standard languages. **Note:** Threshold languages are the primary languages spoken by Limited English Proficient (LEP) population groups residing in a county. A numeric threshold of 3,000 eligible LEP Medi-Cal beneficiaries or a concentration standard of 1,000 residing in a single ZIP code or 1,500 in two contiguous ZIP codes establishes the threshold languages identified by the Department of Health Care Services for each county. Local resource list can be developed by local CHDP program or Public Health. It should include information on referrals to Medi-Cal/Healthy Families and WIC as well as other Public Health Programs. Healthy Families applications available through MRMIB at www.mrmib.ca.gov

Criteria	Reviewer Guidelines
4. Site Access **A. The provider site shows evidence of safety and fire precautions.**	*The physical appearance of floors/carpets, walls, furniture, patient areas and restrooms are clean and well maintained. Appropriate sanitary supplies, such as toilet tissue, hand washing soap, cloth/paper towels or antiseptic towelettes are made available for restroom use. Environmental safety includes the "housekeeping" or hygienic condition of the site. Clean means unsoiled, neat, tidy, and uncluttered. Well maintained means being in good repair or condition. *Exits: Exit doorways are unobstructed and clearly marked by a readily visible "Exit" sign. All electrical outlets have an intact wall faceplate. Fire Fighting/Protection Equipment: There is fire fighting/protection equipment in an accessible location on site at all times. An accessible location is one that is reachable by personnel standing on the floor, or other permanent working area, without the need to locate/retrieve step stool, ladder or other assistive devices. At least one of the following types of fire safety equipment is on site: 1) Smoke Detector with intact, working batteries 2) Fire Alarm Device with code and reporting instructions posted conspicuously at phones and employee entrances 3) Automatic Sprinkler System with sufficient clearance (10-in.) between sprinkler heads and stored materials 4) Fire Extinguisher in an accessible location that displays readiness indicators or has an attached current dated inspection tag See the following website for additional information: http://www.dir.ca.gov/title8/6519.html Child Safety Precautions: The environment reflects understanding of child safety issues with electrical outlets accessible to children covered, cords to window coverings out of the reach of small children, cabinet locks available for those areas where children pass through, and live plants are out of the reach of children. *American's With Disabilities Act (ADA): See Attachment to Reviewer Guidelines – Access/Safety related to ADA
B. The site ensures the following are in place.	Emergency Care: During business hours providers shall be prepared to provide emergency services for the management of emergency medical conditions that occur on site until the emergent situation is stabilized and/or treatment is initiated by the local 911 Emergency Medical Service (EMS) system. An "emergency medical condition" is a medical condition that manifests 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: 1) placing the health of the individual (or unborn child of a pregnant woman) in serious jeopardy, 2) serious impairment to bodily functions, and 3) serious dysfunction of any bodily organ or part. "Emergency services" means those services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death. Emergency equipment and education, appropriate to patient population and conditions treated, are available on site and in an accessible location. An accessible location is one that is reachable by personnel standing on the floor, or other permanent working area, without the need to locate/retrieve step stool, ladder or other assistive devices. **Emergency medical equipment: Minimum emergency equipment is available on site to: 1) establish and maintain a patent/open airway, and 2) manage anaphylactic reaction. A site's proximity to emergency care facilities may be considered when evaluating site specific, medical emergency procedures. Site must have a clearly established system for providing basic emergency care on site until the local Emergency Medical System has taken over care/treatment. **Airway management suitable for infants, children, and adolescents: Without the ability to adequately control the airway, all other interventions are futile. Minimum airway control equipment includes an oxygen delivery system or portable oxygen tank, suction device- tonsil tips and/or bulb syringe, oropharyngeal airways (sizes 00 through 5 recommended) appropriate for population served, nasal cannulas, bag-valve masks (infant, child and adult), oxygen face masks-(infant, child and adult), Nebulizer (or metered-dose inhaler with spacer/ mask) Various sizes of airway devices are on site and appropriate to client population within the practice. Portable oxygen tanks are maintained at least ¾ full. There is a method/system in place for oxygen tank replacement. If oxygen tanks are less than ¾ full at time of site visit, site has a back up method for supplying oxygen if needed and a scheduled plan for tank replacement. Oxygen tubing can be attached, not necessarily connected to oxygen tank. Demonstrates proficiency in handling oxygen equipment. Anaphylactic reaction management: Severe allergic reaction can cause urticaria (hives), hypotension, bronchospasm, wheezing and pulmonary edema. Minimum equipment includes epinephrine (subcutaneous use), albuterol for inhalation (metered-dose inhaler with spacer or mask may be substituted), tuberculin syringes, alcohol wipes, splints and sterile dressings There is a current medication administration reference (e.g., medication dosage chart) available for readily identifying the correct medication dosages (e.g., adult, pediatric, infant, etc.). Dosages for emergency medication can be determined by the local medical director. Local Poison Control Number: The number is posted and visible for personnel. See www.calpoison.org for most current information. A written Emergency Plan is posted and appropriate staff has current CPR certification. One certified staff must be on site at all times. The emergency "Crash" cart/kit on site has contents that are appropriately sealed and within the expiration dates posted on label/seal. Site personnel are trained and can demonstrate knowledge and correct use of all emergency medical equipment kept on site. **Emergency equipment should be appropriate to population served.

Criteria	Reviewer Guidelines
5. Infection Control/ Lab **A. (Laboratory) Site operates in compliance with Clinical Laboratory (CLIA) regulations.**	CLIA Certificates: All clinics/offices performing laboratory testing for assessment of human health or diagnosis, prevention, or treatment of disease must have a current, unrevoked, unsuspended site-specific* Clinical Laboratory Improvement Amendments (CLIA) certificate, or evidence of renewal.) All places that perform tests or examinations on human biological specimens derived from the human body are, by definition, "laboratories" under State and Federal law. Therefore, laboratories may exist at locations such as nurses' stations within hospitals, clinics, surgical centers, physician offices, and health fairs. A copy of an original, certificate or renewal receipt is acceptable. CLIA Certificates on site may include one/more of the following: A) Certificate of Waiver: Site is able to perform only exempt waived tests. B) Certificate for Provider-Performed Microscopy (PPM): Physicians, dentists, or mid-level practitioners are able to perform PPM procedures and waived tests. C) Certificate of registration: Allows moderate and/or high complexity lab testing to be conducted until compliance with CLIA regulations is determined by survey. D) Certificate of Compliance: Lab has been surveyed and found in compliance with all applicable CLIA requirements. E) Certificate of Accreditation: Lab is accredited by an accreditation organization approved by the Centers for Medicare and Medicaid Services formerly, Health Care Financing Administration (HCFA). Waived tests: Sites that perform only waived tests must obtain a CLIA Certificate of Waiver. While there are no specific CLIA regulations that apply to the performance of waived tests, following the test manufacturer's instructions is required. Laboratories with certificates of waiver may not be routinely inspected. However, they may be inspected as part of complaint investigations and on a random basis to determine whether only waived tests are being performed. Moderate and High complexity tests: All tests not listed as waived are divided into one of two categories, moderate complexity or high complexity, based on the complexity of the testing procedure. For these categories the CLIA regulations list specific requirements for laboratory proficiency testing, client test management, quality control, quality assurance, personnel, and inspections. *For exceptions to "site-specific" requirement, see CLIA Regulations Subpart B – Certificate of Waiver; Section 493.35, (b) Exceptions. **Note:** the current listing of waived tests may be obtained at: www.fda.gov/cdrh/clia/testswaived.html. For questions regarding CLIA certification, laboratory licensing, and personnel, call CA DHCS Laboratory Field Services at (213) 620-6160.
B. CHDP Tests/ Lab Equipment **C/D. Infection control procedures for standard/ universal precautions are followed.**	Laboratory equipment: All equipment used to measure or assess client health status/condition is adequately maintained according to the specified manufacturer's guidelines for the equipment, or is serviced annually by a qualified technician. Process in place to check expiration dates and dispose of expired laboratory test supplies, and no expired laboratory test supplies are present. Maintains laboratory supplies/equipment clean and accessible only to staff. Specialized equipment includes, but is not limited to hemoglobinometer, centrifuge, etc. Infection Control: Procedures must be demonstrated in preventing infection transmissions among clients as well as personnel. Standard/Universal Precautions: Site personnel practice the approach to infection control whereby all human blood and body fluids are treated as potentially infectious materials for HIV, HBV or HCV, and other bloodborne pathogens. Hand Washing Facilities: There must be an adequate supply of running potable water, soap and single use towels or hot drying machines. Acceptable handwashing facilities may be available in the exam room and/or utility room. If facilities are not available in the immediate client exam areas, staff must demonstrate methods used on site to provide infection control "barriers" to prevent contamination of door handles, surfaces, etc. until handwashing can be performed. Although foot-operated pedals or 4-6 inch wing-type faucet handles may be optimal in treatment/exam room areas, do not deduct points if not on site. Antiseptic Hand Cleaner: For general client care, a plain, non-antimicrobial soap is appropriate in any convenient form, such as bar, leaflets, liquid, or powder (Association for Professionals in Infection Control and Epidemiology, Inc., 1995). Hand antisepsis, by use of soap or detergent products containing antimicrobial agents or alcohol-based antiseptic hand rubs, is recommended before contact with the patient, when persistent antimicrobial activity on the hands is desired, or to reduce numbers of resident skin flora in addition to transient microorganisms. Hand wash products must be stored/dispensed to prevent contamination or infection. Sharps containers are labeled and located in area where sharps are used and are accessible only to staff responsible for the use of sharps. **Note:** The principles of infection control are established to minimize the risk of disease transmission to clients, providers and the provider's employees. The purpose of hand washing is to remove dirt, organic material and transient microorganisms. Both plain and antiseptic hand wash products can become contaminated or support the growth of microorganisms if not stored or dispensed properly. Reviewers should note whether hand wash products are maintained appropriately to prevent contamination.

Criteria	Reviewer Guidelines
5. Infection Control/ Lab **B. CHDP Tests/ Lab Equipment** **C/D. Infection control procedures for standard/ universal precautions are followed.**	Safety practices on site are followed in accordance with current/updated CAL-OSHA standards. Hazardous substances labeling: The manufacturer's label is not removed from a container (bag, bottle, box, can, cylinder, etc.) as long as the hazardous material or residues of the material remain in the container. All secondary containers into which hazardous substances are transferred or prepared contain labels that provide the following information: ▪ Identity of hazardous substance. ▪ Description of hazard warning: can be words, pictures, symbols. ▪ Date of preparation or transfer. **Note:** The purpose of hazard communication is to convey information about hazardous substances used in the work place. A hazardous substance is any substance that is a physical or health hazard. Examples of a **physical hazard** include substances that are a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive. Examples of a **health hazard** include substances where acute or chronic health effects may occur with exposure, such as carcinogens, toxic or highly toxic agents, irritants, corrosives, sensitizers and agents that damage the lungs, skin, eyes, or mucous membranes. All portable containers of hazardous chemicals require labeling. Exception: Labeling is not required for portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the individual who performs the transfer. All other portable containers and usage require labeling.
6. Clinical Services **A. Immunizations (Drugs/ Immunobio-logics) are administered and stored according to State/Federal standards.**	Vaccines for Children (VFC) Provider/Participant: Business Entity or Examiner must participate in the VFC program. Expired Immunization: Inquire into how the office checks for expired immunizations, how often, and what they do with vaccine that is close to expiring or has expired. Check a few random vaccines for expiration dates. Provider must contact VFC for guidelines for returning expired or close to expired vaccine. Clean Area: Ask provider office to show reviewer where vaccines are prepared. Office personnel should be able to explain how the area is kept clean. A drug or device shall be deemed to be adulterated if it consists in whole or in part of any filthy, putrid, or decomposed substance, or of it has been prepared, packed or held under unsanitary conditions (21USC, Section 351). Equipment: Reviewer should assess for various syringes, if safety needles are being utilized and how they are stored. Needle type should be appropriate for type of injection. Provider should have 3 cc and tb syringes and 5/8" and 1" needles. Clean Storage: Assess storage area. No food, lab specimens, cleaning supplies or other items that may cause contamination should be stored with the vaccine. Drugs must be stored under appropriate conditions of temperature, humidity, and light so that the identity, strength, quality, and purity of the drug product are not affected (21CFR, section 211.142). A drug is considered "adulterated" if it has been held under unsanitary conditions that may have been contaminated with filth, or rendered injurious to health (21USC, Section 351). Safe Storage: Assess that immunizations, needles and syringes are not accessible by patients or children. It is acceptable if storage and preparation area is away from clinic traffic. Also acceptable if cabinets, drawers or doors are locked. Vaccine Immunization Statements (VISs): Office personnel should be able to explain that a VIS is given with each vaccine administered, in the appropriate language and how it is documented in the medical record. Since 1994, the National Childhood Vaccine Injury Act, Section 2126 of the Public Health Services Act, mandates that parents/guardians or adult clients be informed before vaccinations are administered. See http://www.immunize.org/catg.d/p2027.pdf for most current information. Health care providers must have available as hard copy or electronically, the most recent VIS, in appropriate threshold languages, to clients prior to each vaccination dose. The date the VIS was given and the publication date of the VIS must be documented in the client's medical record. Reviewers shall interview personnel about standard practices on site regarding VIS distribution. The most current VISs are available from VFC, state immunization website or your local health departments. They may also be downloaded from the following website at: www.immunize.org/vis/ or by calling the CDC Immunization Hotline at 800-CDC-INFO.

Criteria	Reviewer Guidelines
6. Clinical Services **A. Immunizations/ Drugs/Immuno biologics) are administered and stored according to State/Federal standards.***	Immunobiologics: Has current schedules and immunizations or combinations as recommended by ACIP. For a list of current vaccines available, refer to the CHDP Provider Manual. Check refrigerator and freezer temperatures manually twice a day, including offices that have alarmed, continuous, automatic, temperature monitoring devices. Have office staff read to the reviewer the temperatures and then reviewer checks accuracy. This gives the reviewer the ability to assess the office staff's ability to read the temperature. Refrigerator must be between 2 to 8 degrees Celsius or 35 to 46 degrees Fahrenheit. Freezer must be –15 degrees Celsius or 5 degrees Fahrenheit or lower. If temperatures are out of range, ask to see temperature logs and refer to VFC Field Representative and/or Immunization Assistance Program (IAP) Coordinator. The California DPH Immunization Branch recommends checking temperatures twice a day, first thing in the morning and last thing at night. Offices should have thermometers that read the minimum and maximum temperatures. These readings are more important to read and document than a single temperature at a point in time. Recommend they talk with VFC and/or IAP for guidelines. Failure to adhere to recommended specifications for storage and handling immunobiologics can make the products impotent. Vaccines must be refrigerated immediately and stored according to specific instructions on the package insert for each vaccine. MMR and varicella must be protected from light at all times, and kept cold. Vaccines should not be stored in the doors of the refrigerator or freezer. Diluent does not need refrigeration if vaccine is administered right after diluent is added. MMR can be stored in the refrigerator or freezer. MMRV and varicella MUST be stored in the freezer. Ask to see the office's written plan for vaccine protection. Review temperature logs of twice a day refrigerator and freezer temperatures. If not done twice a day, inform this is the VFC standard and they must start this practice immediately. Reviewing the log also reveals temperature problems or documentation problems. The freezer must have a separate external door from the refrigerator. No storage permitted in the freezer of dorm style refrigerators. When checking vaccines, observe for PPD solution. Opened bottle should be dated and used within 30 days. Inquire into how other drugs are stored. Narcotics and medications are in a lockable area inaccessible to patients. Follow manufacturer's requirements for storage and administration. *Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Wolfe S, Hamborsky J, eds. 12th ed. Washington DC: Public Health Foundation, 2011. http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/table-of-contents.pdf Controlled Substances and Other Medications: See attachment to reviewer guidelines for additional information.
7. Pediatric Preventive Services **A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases.**	Examination table: "Good repair" means clean and well maintained in proper working order. Sites must use a protective barrier to cover exam surface that is changed between patient contact. Thermometer: Plastic strips thermometers (e.g.Tempodots) are not acceptable since they measure skin surface temperature and not body core temperature. Scales: Infant weight scales must be marked and accurate to increments of one (1) ounce or less, and have a capacity of at least 35 pounds. Standing floor scales must be marked and accurate to increments of one-fourth (1/4) pound or less, and have a capacity of at least 400 pounds. Balance beam or electronic scales are appropriate for clinic use. Balance scales must have an adjustment mechanism and zeroing weight to enable routine balancing at zero. Electronic or digital scales must have automatic zeroing and lock in weight features. Digital scales require calibration and may need batteries checked. Spring balance scales (e.g., bathroom scales) are unsatisfactory for clinical use because, over time, the spring counter balance mechanism loses its accuracy. All scales must be routinely maintained according to manufacturer's guidelines and calibrated by a professional vendor at least annually. Use of a standardized weight is satisfactory only for routine scale maintenance, but does not satisfy the need for calibration accuracy through the full range of weight measured by the scale. There must be documentation of professional calibration completed within the last 12 months of the site audit, or if the manufacturer's guidelines are not available on site. Measuring devices: Equipment for measuring stature (length/height) and head circumference must include: A. Equipment for Measuring Length - Recumbent Infant measuring board for ages birth to 2 or 3 years* 1. Measuring tape: The "O" of the tape must be exactly at the base of the headboard a) Attached to a firm, flat, horizontal surface b) Flat, no rounded tape c) Clearly marked to one-eighth inch (1/8") or less d) Made of non-stretchable material 2. Headboard/Stadiometer/Rigid Height Rod a) Rigid and attached to horizontal surface

Criteria	Reviewer Guidelines
7. Pediatric Preventive Services (Continued) **A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases.**	b) Perpendicularly mounted (always at right angle (90°) to the measurement surface c) Minimum 6 inches wide 3. Footboard a) Moveable and non-flexible b) Perpendicularly mounted (always at right angle (90°) to the measurement surface c) Minimum 6 inches wide B. Equipment for Measuring Height – Standing Measuring board for ages 2 and older** 1. Measuring tape: The "O" of the tape must be exactly at foot level for standing measurement. a) Attached to a firm, flat, vertical surface (entire tape mounted on a board or attached to a wall without floor molding) b) Flat, no rounded tape c) Clearly marked to one-eighth inch (1/8") or less d) Made of non-stretchable material 2. Headboard/Stadiometer/Rigid Height Rod: a) Moveable and attached to vertical surface b) Perpendicularly mounted (always at right angle (90°) to the measurement surface c) Minimum 2 inches wide *Some children 18 months to 2 years may be exceptions **Some children 18 months to 3 years may be exceptions Head Circumference: A non-stretchable tape measuring device marked to one-eighth (1/8 or 1 mm) or less for measuring head circumference. Basic equipment: Exam gown sizes are appropriate to population served on site. Vision testing: Sites must have both the Snellen and an illiterate eye chart. Vision screening for infants and children from birth to three years of age consists of a red reflex examination, corneal penlight evaluation, and an external eye inspection. The use of standardized charts, such as HOTV, LEA or equivalent charts, for children age three to five years; Snellen or equivalent charts, for children age six years and older may be used. "Heel" lines must be aligned with center of eye chart at a 20/40-feet or equivalent (e.g., 10/20) line. Eye charts should be in a location with adequate lighting and at height(s) appropriate to use. Disposable eye "occluders", such as Dixie cups or tongue blades with back-to-back stickers, are acceptable. Non-disposable occluders must be cleaned between clients. Vision screening charts are required for CHDP vision screening. CHDP does not accept vision screening using a machine (e.g. SureSight or Titmus) because there is insufficient information on the accuracy of these devices in children. (See Health Assessment Guidelines, Section 61-2) Hearing Screening: Sites must have a State-approved, pure tone air conduction audiometer. A quiet area to administer the test must be available. Each audiometer must be calibrated annually, be powered by alternating current (AC) powered, and have the minimum ability to: • Produce intensities between 0 and to 80dB • Produce frequencies at 1000, 2000 and 4000Hz (3000Hz optional) • Have a headset with right and left earphones • Be operated manually Refer to the latest program letter for the list of approved audiometers. **Note:** Although client population varies from site-to-site, the screening equipment listed in this section is the standard equipment most often used in performing a physical health screening examination for children and adults.

	Attachment to Reviewer Guidelines
Access/Safety Information related to ADA	Parking: Parking spaces for the persons with physical disabilities are located in close proximity to handicap-accessible building entrances. Each parking space reserved for the disabled is identified by a permanently affixed reflectorized sign posted in a conspicuous place. If provider has no control over the availability of handicap parking spaces in parking areas or nearby on the street, there must be a plan in place to make program services available to persons with physical disabilities. Ramps: There is a clear and level landing at the top and bottom of all ramps and on each side of an exit door. Any path of travel is considered a ramp if its slope is greater than 1 ft. rise in 20 ft. of horizontal run. Exit doors: Includes all doors required for access, circulation and use of the building and facilities, such as primary entrances and passageway doors. Width of exit doorways (at least 32-in.) allows for passage clearance of a wheelchair. Furniture and other items do not obstruct exit doorways or interfere with door swing pathway. Elevators: If a site has no passenger elevator, a freight elevator may be used to achieve program accessibility if upgraded so as to be usable by passengers generally and if passageways leading to and from the elevator are well-lit, neat and clean. Clear Floor Space: Clear space in waiting/exam areas is sufficient to accommodate a single, stationary adult wheelchair and occupant. Sanitary Facilities: Restroom and handwashing facilities are accessible to able-bodied and handicapped persons. A restroom that is wheelchair accessible allows sufficient space in toilet area for a wheelchair to enter and permits the door to close. If there are no wheelchair accessible restrooms within the site, reasonable alternative accommodations must be made available. Alternatives may include: grab bars located behind and/or along the sides of toilet with assistance provided by site personnel as needed, use of urinal, bedpan, or bedside commode in private area, wheelchair accessible restroom facilities located in a nearby office and/or shared within a building. For wheelchair-bound persons to safely use a lavatory sink for handwashing, sufficient space underneath the sink is needed for knee clearance. A reasonable alternative may include but is not limited to handwashing items provided when needed by site staff. **Note:** A clear space of at least 30-in. x 48-in. is needed to accommodate an adult wheelchair and occupant. A minimum clear space of 60-in. diameter or square area is needed to turn a wheelchair. Specific measurements are provided for *reference only*. A site/facility includes the walkways, parking lots, and equipment, in addition to the building structure. Site reviewers are ***not*** expected to measure parking areas, pedestrian path of travel walkways and/or building structures on site. Measurements are provided strictly as reference information for the reviewer. All facilities designed, constructed, or altered by, on behalf of, or for the use of a public entity must be readily accessible and usable by individual with disabilities, if the construction or alteration is begun after January 26, 1992 (28 CFR 35.151). Any alteration to a place of public accommodation or a commercial facility, after January 26, 1992, shall be made so as to ensure that, to the maximum extent feasible, the altered portions of the facility are readily accessible to and useable by individuals with disabilities, including individuals who use wheelchairs (28 CFR 36.402). Sites must meet city, county and state building structure and access ordinances for persons with physical disabilities. A public entity may not deny the benefits of its program, activities, and services to individuals with disabilities because its facilities are inaccessible (28 CFR 35.149-35.150). Every feature need not be accessible, if a reasonable portion of the facilities and accommodations provided is accessible (Title 24, Section 2-419, California Administrative Code, the State Building Code). Reasonable Portion and/or Reasonable Alternatives are acceptable to achieve program accessibility.

	Attachment to Reviewer Guidelines (continued)
Access/Safety Information related to ADA	Reasonable Portion applies to multi-storied structures and provides exceptions of the regulations requiring accessibility to all portions of a facility/site. Reasonable Alternatives are methods other than site structural changes to achieve program accessibility, such as acquisition or redesign of equipment, assignment of assistants/aides to clients, provision of services at alternate accessible sites, and/or other site specific alternatives to provide services (ADA, Title II, 5.2000). Points shall not be deducted if reasonable portion or reasonable alternative is made available. **Reviewers are not required to measure site areas.** Illumination: Lighting is adequate in client flow working and walking areas such as corridors, walkways, waiting and exam rooms, and restrooms to allow for a safe path of travel. Access Aisle: Accessible pedestrian paths of travel (ramps, corridors, walkways, lobbies, elevators, etc.) between elements (seats, tables, displays, equipment, parking spaces, etc.) shall provide a clear circulation path. Means of egress (escape routes) shall be maintained free of all obstructions or impediments to full instant use of the path of travel in case of fire or other emergency. Building escape routes provide an accessible, unobstructed path of travel for pedestrians and/or wheelchair users at all times when the site is occupied. Cords (including taped cords) or other items are not placed on or across walkway areas. Evacuation Routes: Clearly marked, easy-to-follow escape routes are posted in visible areas, such as hallways, exam rooms and patient waiting areas. Electrical Safety: Electrical cords are in good working condition with no exposed wires, frayed or cracked areas. Cords are not affixed to structures, placed in or across walkways, extended through walls, floors, and ceiling or under doors or floor coverings. Extension cords are not used as a substitute for permanent wiring. Sufficient clearance is maintained around lights and heating units to prevent combustible ignition. If there are no sprinklers, at least one of the following types of fire safety equipment is on site: 1 Smoke Detector with intact, working batteries 2 Fire Alarm Device with code and reporting instructions posted conspicuously at phones and employee entrances 3 Fire Extinguisher in an accessible location that displays readiness indicators or has an attached current dated inspection tag **Note:** Sites must meet city, county and state fire safety and prevention ordinances. The minimum clear passage needed for a single wheelchair is 36 inches along an accessible route, but may be reduced to a minimum of 32 inches at a doorway. **Reviewers are not required to measure building areas.**
Equipment and Medication Management	Medical equipment: All equipment used to measure or assess client health status/condition is adequately maintained according to the specified manufacturer's guidelines for the equipment, or is serviced annually by a qualified technician. Specialized equipment includes, but is not limited to audiometer, scales, etc. Documentation: There is documented evidence that standard operating procedures have been followed for routine inspection/maintenance, calibration, repair of failure or malfunction, testing and cleaning of all specialized equipment. Appropriate written records include calibration or other written logs, work orders, service receipts, dated inspection sticker, etc. Controlled substances: These include all Schedule I, II, III, IV, and V substances listed in the CA Health and Safety Code, Sections 11053-11058. The Control Substances Act (CFR 1301.75) requires that controlled substances are stored separately from other drugs in a securely locked, substantially constructed cabinet. Control substances need not be double locked. Written records must be maintained of inventory list(s) of controlled substances that includes: provider's DEA number, name of medication, original quantity of drug, dose, date, name of client receiving drug, name of authorized person dispensing drug, and number of remaining doses. Personnel with authorized access to controlled substances include physicians, dentists, podiatrists, physician assistants, licensed nurses and pharmacists. Other medications: All drugs to be dispensed are stored in an area that is secured (CA Business and Professions Code, §4051.3). The Medical Board of California interprets "all drugs" to also include both sample and over-the-counter drugs. The Medical Board defines "area that is secure" to mean a locked storage area within a physician's office. The area shall be secure at all times. Keys to locked storage area shall be available only to staff authorized by the physician to have access (Title 6 CCR, Chapter 2, Division 3, Section 1356.32).

	Attachment to Reviewer Guidelines (continued)
Equipment and Medication Management	Drug labeling: The label for each prescription medication dispensed must include provider's name, client's name, drug name, dose, frequency, route, quantity dispensed, and manufacturer's name and lot number. All pre-filled syringes must be individually labeled with date, medication name, and dosage. Drug distribution: Each clinic that provides drug distribution services shall have written policies and procedures for the safe and effective distribution control, storage, use and disposition of drugs. Drug dispensing: The dispensing of drugs must be in compliance with all applicable State and Federal laws and regulations. "Dispensing" of drugs means the furnishing of drugs or devices directly to a client or upon a prescription from a physician, dentist, optometrist, podiatrist, veterinarian, or upon an order to furnish drugs or transmit a prescription from a certified nurse midwife, nurse practitioner, physician assistant or pharmacist acting within the scope of his or her practice. Drugs can only be dispensed by a physician; pharmacist or other persons (e.g., RNs) lawfully authorized to dispense medications upon the order of a licensed physician or surgeon. Personnel such as medical assistants, office managers, and receptionists cannot dispense drugs. Drugs cannot be offered for sale, charged or billed to Medi-Cal members (Business and Professions Code, Article 13, Section 4193). A record of all drugs dispensed must be entered in the client's medical record. The manufacturer's expiration date must appear on the labeling of all drugs. All prescription drugs not bearing the expiration date are deemed to have expired. If a drug is to be reconstituted at the time of dispensing, its labeling must contain expiration information for both the reconstituted and unconstituted drug. Expired drugs may not be distributed or dispensed. Note: **During business hours, the drawer, cabinet or room containing medications and/or medication supplies may remain unlocked only if there is no access to area by unauthorized persons. Whenever medications and/or medication supplies are unlocked, authorized clinic personnel must remain in the immediate area at all times. At all other times, medications and/or medication supplies must be securely locked.**

California Child Health and Disability Prevention (CHDP) Program

FACILITY REVIEW SCORING SUMMARY SHEET

Review date	Provider name	Provider address (number, street)	City

INSTRUCTIONS: Transfer point totals from the CHDP Facility Review Tool (DHCS 4493) for each Survey Criteria Section. Mark each Critical Element (CE) as pass, fail, or conditional. Add up *point totals. Then follow the instructions for scoring on the Facility Review Tool.*

*Modified facility reviews of enrolled Prov*iders ***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). This scoring summary shows these as shaded entries. Use the face page and the pages of the Facility Review Tool with the CEs to complete the modified review.

Survey Criteria	Maximum Possible	Points Scored or Pass, Fail, or Conditional
1. Personnel		
A. Professional licenses and certifications are current for all health care practitioners at the provider site.	CE	
B. Health care personnel are properly identified.	2	
C. All staff members are qualified and trained for assigned responsibilities.	13	
Section Total:	15/CE	
2. Office Management		
A. Physician coverage is available.	3	
B. Readily available health care services are provided.	6	
C. Interpreter services are provided for limited-English proficient clients.	2	
D. Referral/consultative services are handled according to established site-specific procedures.	9	
E. Medical records are readily retrievable for the Provider at each scheduled client encounter.	2	
F. Client confidentiality and privacy are maintained.	3	
Section Total:	25	

Survey Criteria	Maximum Possible	Points Scored or Pass, Fail, Conditional
3. Health Education Services		
A. Health education services are available to clients.	10	
Section Total:	10	
4. Site Access/Safety Services		
A. The provider site shows evidence of safety and fire precautions.	3	
B. 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.		
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.	CE	
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).	CE	
3 **Written plan delineating the procedures followed for an emergency medical condition, including activation of the local 911 EMS system.**	CE	
4. **Medication dosage chart** (or other method for determining dosage) is kept with emergency medication(s).	CE	
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	
6. **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	
7. At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.	3	

4. Site Access/Safety Services – Cont.	Maximum Possible	Points Scored or Pass, Fail, Conditional
8. Poison control numbers for health professionals and consumers are prominently posted and visible for staff.	2	
Section Total:	8/CE	
5. Infection Control/ Laboratory Survey Criteria		
A. Provider has a CLIA certificate that is current and site-specific.	CE	
B. CHDP tests performed on site are appropriate to the CLIA status, process in place for equipment maintenance, expiration of supplies.	4	
C. The site/provider must ensure that the following are present on-site to prevent transmission of infections among clients and staff.	4	
D. Measures are in place to decrease clients' and staffs' exposure to blood borne pathogens.	4	
Section Total:	12/CE	
6. Clinical Services		
A. The provider site participates in the Vaccines for Children (VFC) program and meets all requirements.	CE	
7. Pediatric Preventive Services		
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	
Total All Sections	70/CE	

Approval status: ☐ Full approval (88% through 100%) ☐ Conditional approval (70% through 87%) ☐ Not approved (Less than 70%)