Child Health and Disability Prevention Program

Facility Review

General Guidelines

- "Provider" refers to an individual or office/clinic applying for, or already enrolled in, the Child Health and Disability Prevention (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 an Applicant/Provider.
- Each facility operated by an Applicant/Provider must meet all critical elements (CE) and have a passing score of greater than 87 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 meet all the criteria in Preventive Services Survey Criteria section. CEs are identified with shaded rows and "CE" under the weight (Wt.) column.
- Modified facility reviews of Applicants/Providers during application for enrollment or during periodic reviews of enrolled Providers may be conducted when the local CHDP Program has a copy or summary of scores and conclusions from a survey 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.
- 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 84 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 either one or two 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. Critical Elements are specific components that must be in full compliance before the facility can be considered for full approval as a site for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) CHDP services.
- Airway, breathing, and circulatory management equipment must all be present.
- Emergency medication as stipulated in the criterion must be present.
- Current professional license(s) are required and, if missing, the Applicant cannot be newly enrolled or recertified in the CHDP Program.

- 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.
- 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:
- (95 Review Score Points) divided by (100 total possible points) x 100 = 95 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 SurveyCriteria Section not met:		
	New Provider	= FAIL
	Periodic Review	= FAIL
Preventive Services not met:		
	New Provider	= FAIL
	Periodic Review	= CONDITIONAL (dependent on the total survey)
FULL APPROVAL	CONDITIONAL APPROVAL	NOT APPROVED
88% through 100% With line items passed	70% through 87% With line items failed	less than 70%

Child Health and Disability Prevention Program

Facility Review Scoring Summary

Review Date: Provider name: Provider address: Primary Office Contact: Reviewer: Reviewer:	Last CHDP Review Date and Results: NPI: Clinicians on site: Primary Contact Telephone: Reviewer Title: Reviewer Title:

CHDP Provider Category: *Choose one* ☐ Comprehensive ☐ Health Assessment Only

Visit Purpose *Choose one*		**History of Other DHCS Certification(s)** *Check & Date all that apply*	
☐Initial Full Scope	☐Follow-up	☐Comprehensive Perinatal Services Program	☐Vaccines for Children
☐Periodic Full Scope	☐Focused Review	☐DHCS Licensing and Certification	☐CHDP
☐Monitoring	☐Other	☐Medi-Cal Managed Care Division	

Office/Clinic Type: *Check only one*		**Provider Type(s):** *Check all that apply*	
☐County Hospital Outpatient Clinic (01)	☐Indian Health Clinic/Tribal Health Program (24)	☐Family Practice	☐OB/GYN Specialist
☐Community Hospital Outpatient Clinic (02)	☐Pediatric Nurse Practitioner (15)	☐Pediatrics	☐Non-physician Medical Practitioner type:
☐Community Health Clinic (25)	☐Physician Solo Practitioner (13)	☐General Practice	☐Other type:
☐Family Nurse Practitioner (14)	☐Physician Group Practice (12)	☐Internal Medicine	
☐FQHC/Rural Health Clinic (22)	☐Other type:		
☐Health Department Clinic (21)			

Child Health and Disability Prevention Program

Facility Review Scoring Summary

Site Scores			Compliance Threshold
/38	☐Pass ☐Fail	1. Personnel	If Critical Elements (CE) not met = FAIL 88 % through 100 % = Full Approval 70 % through 87 % = Conditional Approval Less than 70 % = FAIL
/31		2. Office Management	
/10		3. Health Education Services	**Scoring Procedures**
/8	☐Pass ☐Fail	4. Site Access	1. Add point given in each section 2. Add total points for all seven sections 3. Score Critical Elements as standalone criteria. An applicant cannot be enrolled if he/she fails to meet any of these criteria. 4. Calculate the percent score by dividing the review score points by the total possible points. Multiply by 100 to obtain the percentage.
/11	☐Pass ☐Fail	5. Infection Control/Lab	
/2	☐Pass ☐Fail	6. Clinical Services	
N/A	☐Pass ☐Fail	7. Pediatric Preventive Services	
/100 Total			

_____ ÷___=____X 100 =____%

Points Given Total Points Compliance Rate

Approval Status

☐ Full Approval ☐ Conditional Approval ☐ Not Approved (less than 70%) ☐ Not Approved (did not pass Critical Elements)

Correction Plan:

Other Follow-Up:

Next Review Date:

Child Health and Disability Prevention Program

Facility Review Scoring Tool

Facility Review Scoring Tool **Section 1: Personnel**		Wt.	Yes	No	N/A	Site Score
A. California 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					
	Certified Nurse Midwife					
	Nurse Practitioner					
B. 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 withintheir scope of work or job description.						
a. Only qualified/trained personnel retrieve, prepare or administer medications.		1				
b. Only qualified/trained personnel operate medical equipment.		1				
c. Documentation of education/training for non-licensed medical personnel is maintained on site		1				
2) Non Physician Medical Practitioners						

Facility Review Scoring Tool **Section 1: Personnel**	Wt.	Yes	No	N/A	Site Score
a. Nurse Practitioners meet the practice requirements of Business and Professions Code Chapter 6, Article 8.5 Advanced Practice Registered Nurses and California Code of Regulations, Article 8 Standards for Nurse Practitioners.	1				
b. Physician Assistants meet the practice requirements of Business and Professions Code Chapter 7.7 Physician Assistants and California Code of Regulations, Article 4 Practice of Physicians Assistants.	1				
c. Delegation of Services Agreements and Supervisory Guidelines are revised, updated and signed by the supervising physician and non-Physician Medical Practitioners (NPMP) when changes in scope of services occur.	1				
d. Each NPMP that prescribes controlled substances has a valid Drug Enforcement Agency (DEA) Registration Number.	1				
e. Supervisory Requirements	1				
f. The designated supervising or back-up physician is available in person or by electronic communication at all times when a NPMP is caring for patients.	1				
3) There are written policies & procedures or other written documentation on site to ensure staff has access to information on:					
a. Infection control/universal/standard precautions	1				
b. Bloodborne pathogens/exposure prevention	1				

Facility Review Scoring Tool **Section 1: Personnel**	Wt.	Yes	No	N/A	Site Score
c. Biohazardous waste management	1				
d. Disaster preparedness for emergency non-medical events	1				
e. Child/elder/domestic violence abuse and mandated reporting	1				
f. Fire prevention/safety	1				
g. Implementation of HIPAA requirements	1				
h. Sensitive services/minor rights	1				
i. Consent for treatment	1				
j. Medical Emergency staff training and participation in mock drills	1				
4) There is written documentation of annual training to ensure staff has basic knowledge of:					
a. Infection control/universal/standard precautions	1				
b. Bloodborne pathogens/exposure prevention	1				
c. Biohazardous waste management	1				
d. Disaster preparedness for emergency non-medical events	1				
e. Child/elder/domestic violence abuse and mandated reporting	1				
f. Fire prevention/safety	1				

Facility Review Scoring Tool **Section 1: Personnel**	Wt.	Yes	No	N/A	Site Score
g. Implementation of HIPAA requirements	1				
h. Sensitive services/minor rights	1				
i. Consent for treatment	1				
j. Medical Emergency staff training and participation in mock drills	1				
5) Completion and utilization of CHDP training in audiometric screening.	2				
6) Completion and utilization of CHDP training in vision screening.	2				
7) Designated personnel have completed training in anthropometric measurements, including obtaining Body Mass Index (BMI) percentile.	1				
8) Completion and utilization of CHDP training in dental screening, referral, and fluoride varnish application (At least every four years).	2				
C. 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				
Write comments for all zero (0) scores and unmet CE**.** **Section 1 Total:**	38				
Section 1 CE Total:					

Facility Review Scoring Tool **Section 2: Office Management**	Wt.	Yes	No	N/A	Site Score
A. Physician coverage is available 24 hours a day, 7 days per week.					
1) Clinic office hours are posted within the office or are readily available upon request.	1				
2) Provider office hour schedules are available to staff.	1				
3) Contact information for off-site physician(s) is available at all times during office hours.	1				
4) There is an arrangement/written schedule for after-hours, on-call, and supervisory back-up physician coverage.	1				
5) There is a method for informing clients about after hours emergency care 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) A system in place to follow up missed and cancelled appointments.	2				
4) Appropriate personnel handle triage, emergent, urgent, and medical advice telephone calls.	2				
5) A system is 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 throughtelephone language services or interpreters on-site, and provide literature or resources to access literature in the client's preferred language.					

Facility Review Scoring Tool **Section 2: Office Management**	Wt.	Yes	No	N/A	Site Score
1) Interpreter services are available in identified threshold languages specified for location of site.	1				
2) Literature (or resources to access literature) available in preferred language for post care instruction(s), information about vaccine(s), etc.	1				
D. Procedures for timely referral/consultative services established on site. Office systems and written procedures allow timely provision for:					
1) Processing and tracking internal and external referrals, consultant reports and diagnostic test results. To include CHDP care coordination referrals	3				
2) Process and tracking for Physician review and follow-up of referral/consultation 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 documents are filed in a timely manner to ensure availability for patient encounters.	1				

Facility Review Scoring Tool Section 2: Office Management	Wt.	Yes	No	N/A	Site Score
3) Medical records retention schedule is in place according to current State DHS standard	1				
F. Client confidentiality and privacy are maintained.					
1) Site personnel follow office policy/procedures for maintaining confidentiality of patient information:	1				
a. Exam rooms are available to safeguard clients' right to privacy.					
b. Clients or their conditions are not discussed in front of other clients or visitors.					
c. Individual client information is not displayed or left unattended in reception and/or client flow areas.					
2) Privacy policies are available.	1				
3) Medical record release procedures are compliant with state and federal guidelines.	1				
4) Storage and transmittal of medical records preserves confidentiality and security.	1				
Write comments for all zero (0) scores and unmet CE. **Section 2 Total:**	31				
Section 2 CE Total: N/A					

Facility Review Scoring Tool **Section 3: Health Education Services**	Wt.	Yes	No	N/A	Site Score
A. Health education materials and resource information are:					
1) Readily available on site (hard copy or electronically) and are made available upon request.	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 Women, Infants & Children (WIC) and dental and mental health.	2				
B. Medi-Cal and Covered California application information are available in the office or electronically.	2				
Write comments for all zero (0) scores and unmet CE. **Section 3 Total:**	10				
Section 3 CE Total: N/A					

Facility Review Scoring Tool **Section 4: Site Access**	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 firefighting/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.					
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				Pass Fail
2) Emergency medication and administration: Epinephrine 1:1,000 (injectable subcutaneous or intramuscular); tuberculin syringes and needles; alcohol wipes; albuterol for inhalation (metered-dose inhaler with spacer or mask may be substituted).	CE				Pass Fail
3) Written emergency plan posted	CE				Pass Fail
4) Medication dosage chart	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				
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				Pass Fail
7) At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.	3				

Facility Review Scoring Tool Section 4: Site Access	Wt.	Yes	No	N/A	Site Score
8) Poison control numbers for health professionals and consumers are prominently posted and visible for staff.	2				
C. The site has a written emergency preparedness plan, per CMS Rule effective date November 15, 2016.	CE				Pass Fail
Comments: Write comments for all zero (0) scores and unmet CE. **Section 4 Total:**	8				
Section 4 CE Total:	7				

Facility Review Scoring Tool **Section 5: Infection Control & Lab**	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 and if site is not performing any laboratory test).	CE				Pass Fail
B. CHDP Tests / Lab Equipment					
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	CE				Pass Fail
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				
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 written process is in place for isolating infectious clients.	1				
4) A disinfectant solution is labeled with "kill times" 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:					Pass Fail
1) Personal protective equipment (e.g., gloves, gowns, eye/face protection) is available.	CE				
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				

Facility Review Scoring Tool **Section 5: Infection Control & Lab**	Wt.	Yes	No	N/A	Site Score
3) Written documentation of sharp injury incidents is available.	1				
E. Hazardous Substances					
1) Biohazardous (non-sharp) waste is contained in separate, labeled, covered, and leak-proof container(s).	1				
2) Material Safety Data Sheets (MSDS) are available as hard copies or can be accessed electronically on all hazardous substances.	1				
Comments: Write comments for all zero (0) scores and unmet CE. **Section 5 Total:**	11				
Section 5 CE Total:	**3**				

Facility Review Scoring Tool **Section 6: Clinical Services**	Wt.	Yes	No	N/A	Site Score
A. The provider site participates in the Vaccines for Children (VFC) program and meets all thefollowing requirements:					
1) Uses VFC inventory log to monitor and control vaccine inventory. No expired immunizations are present. Follows VFC policies and procedures for managing expired vaccine products.	CE				Pass Fail
2) Maintains a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator(s) and/or freezer(s) where vaccines are stored.	CE				Pass Fail
3) Uses a VFC-compliant data logger to continuously monitor temperatures of vaccine storage units. Has written backup. Every device monitoring vaccine storage unit temperatures for VFC-supplied vaccines have a valid and current certificate of calibration	CE				Pass Fail
4) Has a clean area available for preparing immunizations.	CE				Pass Fail
5) Has 3cc syringes available. Has disposable, safety needles available in 5/8" length for SC administrations; 1" length for IM administrations; 1-1/2" length for IM administrations in appropriate populations. 1cc/ml syringe with ¼" - ½" needle for PPD administration	CE				Pass Fail
6) Stores vaccines separately from food, lab specimens, cleaning supplies, and other items that may cause contamination.	CE				Pass Fail

Facility Review Scoring Tool **Section 6: Clinical Services**	Wt.	Yes	No	N/A	Site Score
7) Stores immunizations, needles and syringes so that they are accessible only to staff responsible for their use.	CE				Pass Fail
8) Maintains current Vaccine Immunization Statements (VIS), hard copy or electronic, for each vaccine (or component vaccines in combo formulations), in threshold languages appropriate to client population.	CE				Pass Fail
9) Immunizations are stored according to manufacturer requirements. Refrigerators: □ 2° to 8° Celsius – OR – □ 36° to 46° Fahrenheit Freezers: □ -50° to -15° Celsius – OR – □ -58° to 5° Fahrenheit.	CE				Pass Fail
10) Provider has a stand-alone refrigerator and stand-alone freezer per current VFC guidelines. No combo refrigerator/freezer units.	CE				Pass Fail
11) Has current vaccines recommended by Advisory Committee on Immunization Practices (ACIP) for use in pediatric population.	CE				Pass Fail

Facility Review Scoring Tool **Section 6: Clinical Services**	Wt.	Yes	No	N/A	Site Score

Vaccine	Trade Name(s)	Antigen	Expiration Date	Current VIS On-Site
DTaP	Daptacel, Infanrix	Didptheria, Tetanus, and Acellular Pertusis		
HepA	Havrix, Vaqta	Hepatitis A		
HepB	Engerix-B, Recombivax HB	Hepatitis B		
Hib	ActHIB, Hiberix, PedvaxHIB	Haemophilus influenza type b		
9v HPV	Gardasil 9	Human Papillomavirus		
IIV	Fluarix, FluLaval, Fluzone	Inactivated Influenza – 3 yrs & up		
		Inactivated Influenza – Pediatric – 6 thru 35 mos.		
IPV	IPOL	Inactivated Polio		
MMR	MMR-II	Measles, Mumps, Rubella		
MCV 4	Menactra, Menveo	Meningococcal		
PCV 13	Prevnar13	Pneumococcal Conjugate		
RV1 or RV5	Rotarix, RotaTeq	Rotavirus		
Td	Decavac, Tenivac	Tetanus and reduced Diphtheria		
Tdap	Adacel, Boostrix	Tetanus, reduced Diphtheria, reduced Pertussis		
VAR (VZV)	Varivax	Varicella		
DTaP+IPV	Kinrix	DTaP, Polio		
DTaP+HepB+IPV	Pediarix	DTaP, Hepatitis B, Polio		
DTaP+IPV+Hib	Pentacel	DTaP, Polio, Haemophilus influenza type b		
MMRV	ProQuad	Measles, Mumps, Rubella, and Varicella		
Meningitis B	MenB	Serogroup B Meningococcal Vaccine (High Risk)		
PPSV23	Pneumovax23	Pneumococcal Polysaccaride Vaccine (High Risk)		
Covid 19	Pfizer Bio N Tech, Moderna, Janssen			

Facility Review Scoring Tool **Section 6: Clinical Services**	Wt.	Yes	No	N/A	Site Score
B. Stores and handles all drugs (not vaccines) that are administered in the office/clinic, according to manufacturer requirements.					
1) Narcotics and medication should be stored in a lockable area.	CE				Pass Fail
2) Inventory of purified protein derivative (PPD) for tuberculin skin testing has 'date opened' noted on vial. Date(s) opened: _____	CE				Pass Fail
3) Fluoride Varnish supplies should be stored in a safe place and not expired.	2				
Comments: Write comments for all zero (0) scores and unmet CE. **Section 6 Total:**	2				
Section 6 CE Total:	13				

Facility Review Scoring Tool Section 7: Pediatric Preventive Services	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:					
1) Exam tables and lights are in good repair. Percussion hammer, tongue blades, paper for tables, and client gowns are available.	CE				Pass Fail
2) Stethoscope and sphygmomanometer with various appropriate cuff sizes (infant, child, adult, overweight).	CE				Pass Fail
3) Thermometers: Tympanic, oral, rectal or axillary.	CE				Pass Fail
4) Scales: Adult calibration date: _____ Infant calibration date:_____	CE				Pass Fail
5) Measuring devices for stature (recumbent or standing with rigid right angle head and foot board block) measurement and head circumference measurement.	CE				Pass Fail
6) Sites must have both the Sloan and an illiterate eye chart (LEA or HOTV chart). Screening lines must be aligned with center of eye chart at the appropriate distance for the chart being used (10 or 20 feet)	CE				Pass Fail
7) Ophthalmoscope with working light.	CE				Pass Fail
8) Otoscope has working light with adult and pediatric ear speculums.	CE				Pass Fail
9) A pure tone, air conduction audiometer is located in a quiet area with response devices.	CE				Pass Fail

Facility Review Scoring Tool Section 7: Pediatric Preventive Services	Wt.	Yes	No	N/A	Site Score
Calibration date: _____					
Comments: Write comments for all zero (0) scores and unmet CE. **Section 7 Total: N/A**					
Section 7 CE Total:	9				

Facility Review Scoring Guidelines

Overview

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: Providers rendering services to children and youth receiving EPSDT/CHDP services are subject to oversight and review, which can result in disenrollment for a variety of reasons.[1]

Facility Review Scoring Guidelines

Overview

- Monitoring/Focused Review: Additional review as the result of complaints or local program monitoring.
- Follow Up: Previous site visit observed, hand 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.

[1] EPSDT/CHDP Manual, (2020).

Facility Review Scoring Guidelines

Section 1: Personnel

A. California professional licenses and certifications are current for all health examiners 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

This information can be found at: https://search.dca.ca.gov/

Note: *All medical professional California licenses and certifications must be current and active; issued from the appropriate agency (i.e., no restricted or suspended licenses, etc.) 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. 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 a. 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) is the direct application of pre-measured medications orally, sublingually, topically,

Facility Review Scoring Guidelines

Section 1: Personnel

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. An 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.

b. 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.

c. 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.

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

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duration of training, demonstrated proficiency to perform current assigned scope of work, and signature.

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.

In order to administer medications by intramuscular, subcutaneous and intradermal injection, to perform skin tests, to perform venipuncture for the purpose of withdrawing blood, and to administer medication by inhalation, a medical assistant must have completed at least the minimum amount of training hours established in Title 16, section 1366.1:

> In order to administer medications by intramuscular, subcutaneous and intradermal injection, to perform skin tests, or to perform venipuncture for the purposes of withdrawing blood, a medical assistant shall have completed the minimum training prescribed herein. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in Section 1366.3(a)(2), proficiency in the procedures to be performed as authorized by Sections 2069 or 2070 of the code, where applicable, but shall include no less than:
>
> (a) Ten (10) clock hours of training in administering injections and performing skin tests, and/or
>
> (b) Ten (10) clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
>
> (c) Satisfactory performance by the trainee of at least ten (10) each of intramuscular, subcutaneous, and intradermal injections and ten (10) skin tests, and/or at least ten (10) venipunctures and ten (10) skin punctures.
>
> (d) For those only administering medication by inhalation, ten (10) clock hours of training in administering medication by inhalation.
>
> (e) Training in (a) through (d) above, shall include instruction and demonstration in:
>
> (1) pertinent anatomy and physiology appropriate to the procedures

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	(2) choice of equipment (3) proper technique including sterile technique (4) hazards and complications (5) patient care following treatment, or test (6) emergency procedures, and (7) California law and regulations for medical assistants. 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. For purposes of this section only, a "qualified medical assistant" is a medical assistant who: (1) is certified by a medical assistant certifying organization approved by the division (2) holds a credential to teach in a medical assistant training program at a community college or (3) is authorized to teach medical assistants in a private postsecondary institution accredited by an accreditation agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary and Vocational Education. Title 16, section 1366.3 Note: Authority cited: Sections 2018 and 2071, Business and Professions Code. Reference: Sections 2069, 2070 and 2071, Business and Professions Code.
2)	Non-Physician Medical Practitioners (NPMP): Reviewers are expected to verify the current practice requirements of applicable NPMPs at the time of review. Reviewers are not expected to make in-depth evaluation of "appropriateness" of the NPMP's scope of practice. Documents may be utilized to determine and/or clarify practice procedures and supervisory processes on site. a. Nurse Practitioners (NP): NPs must be appropriately prepared through education and experience to provide the

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applicable level of care. The current practice requirements of Business and Professions Code, Chapter 6, Article 8.5 Advanced Practice Registered Nurses, and California Code of Regulations, Article 8 Standards for Nurse Practitioners, must be met.

b. Physician Assistants (PA): PAs must be appropriately prepared through education and experience to provide the applicable level of care. The current practice requirements of Business and Professions Code, Chapter 7.7 Physician Assistants, and California Code of Regulations, Article 4 Practice of Physicians Assistants, must be met.

c. Practice Agreements, Standardized Procedures, Delegation of Services Agreements and Supervisory Guidelines are revised, updated and signed by the supervising physician and NPMP when changes in scope of services occur. These documents 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. These supervisory and scope documents shall undergo periodic review, with signed, dated revisions completed at each change in scope of work.

d. Drug Enforcement Agency (DEA): Each NP and PA that prescribes controlled substances is required to have a valid DEA Registration Number.

e. Supervision of Non-Physician Medical Practitioners (NPMP):

A "supervising physician" must be a physician and surgeon who possesses a valid active California license and is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision. The supervising physician must also be a person who is clinically appropriate to supervise the applicable services or procedures. Physicians must comply with all current and/or revised supervisory requirements established by the Medical Board of California. The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon per Business and Professions Code, Section 3516.

NPs must be supervised in accordance with the requirements of Business and Professions Code, Chapter 6, Article 8.5 Advanced Practice Registered Nurses, and California Code of Regulations, Article 8 Standards for

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	Nurse Practitioners. PAs must be supervised in accordance with the requirements of Business and Professions Code, Chapter 7.7 Physician Assistants and California Code of Regulations, Article 4 Practice of Physicians Assistants. 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 f. 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.
3)	There are written policies and procedures or other written documentation for: a. Infection control/universal precautions b. Bloodborne pathogens exposure prevention c. Biohazardous waste management d. Disaster preparedness for emergency nonmedical events (e.g., workplace violence) e. Child/elder/domestic violence abuse and mandated reporting f. Fire prevention/safety g. Implementation of HIPAA requirements (e.g., client confidentiality, release of information) h. Sensitive services/minor's rights i. Consent for treatment j. Medical Emergency staff training and participation in mock drills Acceptable evidence of training shall include documentation of in-service training, which may include educational curriculum/lesson plans, and training attendance records. Staff can locate procedures on site and can explain how to

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	use information.
4)	There is written documentation of orientation of new staff within three months of hire, and annual training of existing staff on the following: a. Infection control/universal precautions b. Bloodborne pathogens exposure prevention c. Biohazardous waste management d. Disaster preparedness for emergency nonmedical events (e.g., workplace violence) e. Child/elder/domestic violence abuse and mandated reporting f. Fire prevention/safety g. Implementation of HIPAA requirements (e.g., client confidentiality, release of information) h. Sensitive services/minor's rights i. Consent for treatment j. Medical emergency staff training and participation in mock drills (Office BLS procedures*) *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).
5)	Completion and utilization of CHDP training in audiometric screening. (At least every four years)
6)	Completion and utilization of CHDP training in vision screening. (At least every four years)
7)	Designated personnel have completed CHDP training in anthropometric measurements, including obtaining Body

Facility Review Scoring Guidelines Section 1: Personnel	
	Mass Index (BMI) percentile.
8)	Completion and utilization of CHDP training in dental screening, referral, and Fluoride Varnish Application. (At least every four years)
C. Staff Members are identified appropriately.	
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 California Code, Business and Professions Code - BPC CA BUS & PROF § 680.5 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.	

Facility Review Scoring Guidelines Section 2: Office Management	
A. Physician coverage is available 24 hours/day, 7 days a week.	
1)	Current clinic office hours are posted within the office or readily available upon request.
2)	Current resources information is available to site staff/personnel about physician office hour(s)/schedule(s). 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.
3)	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.
4)	Personnel is knowledgeable about scheduled physician coverage plan 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
5)	Plan/system in place for informing clients about after hours and emergency coverage.
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	
1)	There is/are a process(es)/system(s) in place on site that provides management of phone calls during and after office hours.
2)	A system/method in place for scheduling appointments, notifying and reminding patients of scheduled appointments.

Facility Review Scoring Guidelines Section 2: Office Management	
3)	A system/method in place for following up with missed or cancelled appointments.
4)	In addition to the physician, only appropriately licensed medical personnel (such as CNM, NP, RN or PA) shall handle triage, urgent and emergency telephone calls.
5)	There is/are a process(es)/system(s) 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 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 on- site interpreters and provide literature or resources to access literature in the client's preferred language.	
1)	All provider sites provide 24-hour interpreter services for all clients either through telephone language services or on-site interpreter services.
2)	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 Limited English Proficient (LEP) individual after being informed of their right to use free interpreter services. A client's request for or

Facility Review Scoring Guidelines Section 2: Office Management	
	refusal of language/interpreter services must be documented in the client's medical record.
D. Procedures for timely referral/consultative services are established on site	
1)	There is a written process/system in place on site to make timely referrals both internally and externally (to include care coordination referrals), track outstanding referrals, complete review reports, provide follow-up care, and file reports in medical records.
2)	Process and tracking for Physician review and follow-up of referral/consultation reports and diagnostic test results, including lab procedures referred to other providers, immunizations not performed on-site.
3)	Resource materials are 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.
E. Medical records are available for the Provider at each scheduled client encounter.	
1)	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.
2)	A system or process in place to ensure that all medical documents are filed in the patient's chart in a timely manner, and available at the time of the patient's visit.
3)	System for medical record retention schedule is in place according to current State DHCS Standard. Reference:

Facility Review Scoring Guidelines Section 2: Office Management	
	Section 124040 of the Health and Safety Code; Sections 6824(f) and 6870 in Title 17, California Administrative Code https://www.dhcs.ca.gov/formsandpubs/Pages/CMAAPPL_MAAReco.aspx
F. Confidentiality of personal medical information is protected according to State and Federal Guidelines, including HIPAA.	
1)	System in place where site personnel follow policy/procedures for maintaining confidentiality of patient information including: a. 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 a copy of practice privacy policies. b. 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. c. 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.
2)	Privacy policies are available for all patients.

Facility Review Scoring Guidelines Section 2: Office Management	
3)	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.
4)	Policy(ies) and/or system(s) in place to ensure confidentiality and security of medical record transmittal and storage.

Facility Review Scoring Guidelines Section 3: Health Education Services	
A. Health education materials and resource information are:	
1)	Health education materials are readily available, either electronically or in hard copy.
2)	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, Mental 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.
3)	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.
4)	Local resource list can be developed by local CHDP program or Public Health. It should include information on referrals to Medi-Cal and Women, Infant, and Children (WIC) as well as other Public Health Programs.
B. Medi-Cal and Covered California applications are available in the office or electronically.	
The medical office should have Medi-Cal and Covered California applications available for patients who come in with no health insurance or utilize the CHDP Gateway for services.	

Facility Review Scoring Guidelines

Section 4: Site Access

A. The provider site shows evidence of safety and fire precautions.

1)	American's With Disabilities Act (ADA): Please see 2010 Standards for Public Accommodations and Commercial Facilities Title III https://www.ada.gov/regs2010/2010ADAStandards/2010ADAstandards.htm
2)	Fire Fighting/Protection Equipment: There is firefighting/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: Smoke Detector with intact, working batteries Fire Alarm Device with code and reporting instructions posted conspicuously at phones and employee entrances Automatic Sprinkler System with sufficient clearance (10-in.) between sprinkler heads and stored materials 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
3)	Exit doorways are unobstructed and clearly marked by a readily visible "Exit" sign. All electrical outlets have an intact wall faceplate.

*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.

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.

Facility Review Scoring Guidelines Section 4: Site Access	
B. The following are in place:	
1)	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 policy and procedure for Oxygen tank replacement and a scheduled plan replacement. Oxygen tubing can be attached, not necessarily connected to oxygen tank. Demonstrates proficiency in handling oxygen equipment.
2)	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. Epinephrine 1:1,000 (1mg/1ml injectable subcutaneous or intramuscular); tuberculin syringes and needles; alcohol wipes; albuterol for inhalation (metered-dose inhaler with spacer or mask may be substituted).
3)	A written Emergency Plan is posted, delineating the procedures followed for an emergency medical condition including activation of the local 911 EMS system.
4)	Medication dosage chart (or other method for determining dosage) is kept with emergency medication(s). Medication dosage chart should include all medications that are kept in the emergency cart.

Facility Review Scoring Guidelines Section 4: Site Access	
5)	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. 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.
6)	Policy and checklist in place showing emergency equipment is checked for expiration date(s) and operating status at least monthly.
7)	Appropriate staff has current CPR certification. One certified staff must be on site at all times.
8)	Local Poison Control Number: The number is posted and visible for personnel. See www.calpoison.org for most current information.
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,	

Facility Review Scoring Guidelines

Section 4: Site Access

without the need to locate/retrieve step stool, ladder or other assistive devices., §1366(b).

C. The site has a written emergency preparedness plan

In November 2016, the Center for Medicare and Medicaid Services (CMS) established the Emergency Preparedness Requirements (EP Rule) to provide consistent and comprehensive emergency preparedness requirements for Medicare and Medicaid providers, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), with the ultimate goal of increasing patient safety during emergencies. Affected provider types must have met all applicable requirements of the rule by November 16, 2017.

Federal Register Vol. 81, No. 180 CMS Emergency Preparedness Rule: https://www.govinfo.gov/content/pkg/FR-2016-09-16/pdf/2016-21404.pdf

Each site should have a written comprehensive plan for emergencies that exceed normal day-to-day type of emergencies. These plans should include how to deal with an influx of patients due to a public health event, what to do in an event of power outage, evacuation, shelter-in-place, etc. There should be documentation of dates when exercises they have participated in or conducted to test the written plans.

California Primary Care Association CMS Emergency Preparedness Compliance Checklist: https://www.dropbox.com/s/bvat4t6g5fpes1t/CPCA%20CMS%20Emergency%20Preparedness%20Compliance%20Checklist_FINAL%2006.01.17.pdf?dl=0

The clinic and/or provider should be connected with their local Public Health Emergency Preparedness Healthcare Coalition, for ongoing support.

The California Primary Care Association has resources for planning here: https://www.cpca.org/CPCA/CPCA/HEALTH_CENTER_RESOURCES/Operations/Emergency_Preparedness.aspx

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.

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Section 4: Site Access

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.

Facility Review Scoring Guidelines

Section 5: Infection Control / Lab

A. 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:

. Certificate of Waiver: Site is able to perform only exempt waived tests.

. Certificate for Provider-Performed Microscopy (PPM): Physicians, dentists, or mid-level practitioners are able to perform PPM procedures and waived tests.

. Certificate of Registration: Allows moderate and/or high complexity lab testing to be conducted until compliance with CLIA regulations is determined by survey.

. Certificate of Compliance: Lab has been surveyed and found in compliance with all applicable CLIA requirements.

. 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,

Facility Review Scoring Guidelines

Section 5: Infection Control / Lab

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., http://federal.elaws.us/cfr/title42.part493.section493.35

Note: the current listing of waived tests may be obtained at:
https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm

For questions regarding CLIA certification, laboratory licensing, and personnel, visit CDPH Laboratory Field Services,
https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/AboutUs.aspx

If site is not performing laboratory test, a policy and procedure on laboratory referral and follow up is available. A completed statement with the laboratory referral and follow up details may also be requested.

B. CHDP Tests/ Lab Equipment	
1)	CHDP tests performed on site are appropriate to the CLIA status.
2)	A process is in place for equipment maintenance and expiration of supplies. 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.
3)	Process in place to check expiration dates and dispose of expired laboratory test supplies, and no expired laboratory test supplies are present.
4)	Maintains laboratory supplies/equipment clean and accessible only to staff. Specialized equipment includes, but is not

Facility Review Scoring Guidelines Section 5: Infection Control / Lab	
	limited to hemoglobinometer, centrifuge, etc
C. Infection control procedures for standard/universal precautions	
Infection Control: Written 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.	
1)	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. 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.

Facility Review Scoring Guidelines Section 5: Infection Control / Lab	
2)	Waste disposal containers should be located in exam room, treatment area, and restroom. Need to be covered. NOTE: The Bloodborne Pathogens standard, 1910.1030(d)(4)(iii)(B)(1), requires regulated waste containers to be ". (a) Closable; (b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping; (c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and (d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping." The intent of the term "closable" is to ensure that waste contained within the receptacle is not spilled during the handling and storage of the container. While the container is in use, it is not a requirement that it be closed. However, in between uses and once the container is removed from use (i.e., before transport and during storage), it must be closed. If the exterior of the container (plastic bag) becomes contaminated, as is possible in a surgical suite, the employer must ensure a secondary containment system is available. This secondary container must also be closable and must prevent spillage during handling and transport [29 CFR 1910.1030(d)(4)(iii)(B)(2)]. OSHA does not approve or endorse the use of any specific products and/or their manufacturers and suppliers. OSHA requirements are set by statute, standards, and regulations. For further information on this subject, go to OSHA's website at http://www.osha.gov
3)	A written process is in place to handle the need for isolation of infectious clients.
4)	Disinfectant solution is labeled with “kill times” as approved by the Environmental Protection Agency (EPA). CDC Disinfectant Recommendations: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/index.html EPA Registered Disinfectants: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants
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	

Facility Review Scoring Guidelines Section 5: Infection Control / Lab	
1)	Personal protective equipment (PPE) is available for staff. This should include a minimum of gloves, gowns, eye protection and facial masks.
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.
3)	There should be a log for sharps injury incidents available. This can include other on-the-job incidents as well.
E. Hazardous Substances	
1)	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: https://www.dir.ca.gov/dosh/ Identity of hazardous substance. Description of hazard warning: can be words, pictures, symbols. Date of preparation or transfer.
2)	Material Safety Data Sheet (MSDS) should be available onsite for all hazardous substances used (i.e., cleaning products)

Note: The purpose of hazard communication is to convey information about hazardous substances used in the workplace. 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

Facility Review Scoring Guidelines Section 5: Infection Control / Lab
require labeling. Safety practices on site are followed in accordance with current/updated CAL-OSHA standards. https://www.dir.ca.gov/dosh/dosh_publications/hazcom.pdf , https://www.dir.ca.gov/title8/5194.html

Facility Review Scoring Guidelines Section 6: Clinical Services	
A. The provider site participates in the Vaccines for Children (VFC) program and meets all thefollowing requirements:	
1)	Vaccines for Children (VFC) Provider/Participant: The Clinic must be an approved VFC provider. Provider should have VFC Program Operations Manual on site and follow guidelines as set out in the manual. 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 vaccines for expiration dates. Provider must follow VFC for guidelines for returning expired or close to expired vaccine.
2)	Vaccine Management Plan: Ask to see the office's written plan for vaccine protection. The plan must be posted on or near storage equipment and detail actions to take in case of a power outage or malfunction of refrigerators and/or freezers where vaccines are stored. EZIZ form: https://eziz.org/assets/docs/IMM-1122.pdf. EZIZ Vaccine Management Plan: https://eziz.org/vaccine-management/
3)	Temperature Monitoring: Digital data loggers are required by VFC for continuously monitoring vaccine storage units. At this time written temperature logs of twice a day refrigerator and freezer temperatures are also required. Review logs. 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.
4)	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).
5)	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, 5/8", 1" and 1-1/2" needles on site. Note: Syringe/Needle Requirements: Needles must be safety-enhanced, disposable needles. Lengths required

Facility Review Scoring Guidelines Section 6: Clinical Services	
	include 5/8″ for subcutaneous administrations, and 1″ for intramuscular injections and 1-1/2″ length for intramuscular administration in appropriate populations i.e., females > 200 lbs. and males > 260 lbs.
6)	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).
7)	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.
8)	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.
9)	Immunizations are stored according to manufacturer requirements. Refrigerators: • 2° to 8° Celsius – OR – • 36° to 46° Fahrenheit Freezers: • -50° to -15° Celsius – OR – • -58° to -5° Fahrenheit.
10)	Provider has a stand-alone refrigerator and stand-alone freezer per current VFC guidelines. No combo refrigerator/freezer units.
11)	Has current vaccines recommended by Advisory Committee on Immunization Practices (ACIP) for use in pediatric population.

Facility Review Scoring Guidelines

Section 6: Clinical Services

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.

Td: Typically used as 2nd and 3rd dose in Tetanus 'catch up' series for children 7 years and older. Some providers opt to use Tdap for all 3 doses in the 'catch up' series and may not have Td, only Tdap in inventory.

Immunobiologics: Has current schedules and immunizations or combinations as recommended by Advisory Committee on Immunization Practices (ACIP). For a list of current vaccines available, refer to the CHDP Provider Manual. Check refrigerator and freezer temperatures manually twice a day in addition to maintaining data loggers providing alarmed, continuous, automatic, temperature monitoring. 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 36 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.

Facility Review Scoring Guidelines Section 6: Clinical Services	
The refrigerator, and the freezer are stand-alone units. Reference for vaccine storage requirements: https://eziz.org/vaccine-storage/ *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	
B. Non-Vaccine Pharmaceuticals	
1)	Narcotics and medication should be stored in a lockable area. Inquire into how other drugs are stored. Narcotics and medications should be stored in a lockable area, inaccessible to patients. Follow manufacturer's requirements for storage and administration.
2)	Inventory of purified protein derivative (PPD) for tuberculin skin testing has 'date opened' noted on vial. Date(s) opened: _____ When checking vaccines, observe for Purified Protein Derivative (PPD) solution. Opened bottle should be dated and used within 30 days.
3)	Fluoride Varnish supplies should be stored in a safe place and not expired. Fluoride Varnish: Sites that provide Fluoride Varnish (FV) must have supplies of un-expired fluoride varnish 0.25 mg individual packets stored in safe, cool location. Point to be given if the provider site offers FV and has it stored correctly. If the provider does not offer FV, then Not Applicable should be used. Point should be taken, if the FV is not stored correctly, or is expired.

Facility Review Scoring Guidelines Section 7: Pediatric Preventative Services	
A. Preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases.	
1)	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.
2)	Stethoscope and sphygmomanometer with various appropriate cuff sizes (infant, child, adult, overweight).
3)	Thermometer: Plastic strips thermometers (e.g., Tempodots) are not acceptable since they measure skin surface temperature and not body core temperature. Examples of approved thermometers: Oral, Rectal, Tymphanic, or axillary Temperatures taken rectally or orally are more accurate than those obtained using the axillary or tympanic methods. If your child is younger than 3 years old, a rectal temperature gives the best reading. At around 4 or 5, you can feel comfortable taking a temperature by mouth. (https://www.aappublications.org/news/2020/11/01/parentplus-thermometers110120)
4)	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

Facility Review Scoring Guidelines Section 7: Pediatric Preventative Services	
	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. Scales must accommodate all patients and must be appropriate to all populations served including those that use assistive devices. Training and Requirement resource: https://www.dhcs.ca.gov/services/chdp/Pages/BMITraining.aspx
5)	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 b) Perpendicularly mounted (always at right angle (90°) to the measurement surface c) Minimum 6 inches wide

Facility Review Scoring Guidelines Section 7: Pediatric Preventative Services	
	3. Footboard a) Moveable and non-flexible b) Perpendicularly mounted (always at right angle (90°) to the measurement surface c) Minimum 6 inches wide Training and Requirement resource: http://depts.washington.edu/growth/ 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.

Facility Review Scoring Guidelines Section 7: Pediatric Preventative Services	
	Basic equipment: Exam gown sizes are appropriate to population served on site.
6)	Vision screening Sites must have both the Sloan and an illiterate eye chart (LEA or HOTV 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; Sloan or equivalent charts, for children age six years and older may be used. Screening lines must be aligned with center of eye chart at the appropriate distance for the chart being used (10 or 20 feet). Eye charts should be in a location with adequate lighting and at height(s) appropriate to use. Disposable eye "occluders", such as (SEE TOOL for list!). Non-disposable occluders must be cleaned between clients. Vision screening charts are required for CHDP vision screening. (HAG 4/2017) Screen visual acuity beginning 3 years and above. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age per Bright Futures Periodicity. The AAP continues to recommend that once a child can read an eye chart easily, optotype-based acuity should supplement instrument-based testing. Training Resource: https://www.dhcs.ca.gov/services/chdp/Documents/CHDPTrain/CHDPPediatricVision.pdf
7)	Ophthalmoscope with working light.
8)	Otoscope has working light with adult and pediatric ear speculums.
9)	Hearing Screening: Pure tone, air conduction audiometer ages 4 and up located in a quiet area within the clinic, if available a separate room free of distractions is preferred. Preferred screening method Traditional audiometric screening (hand raising method, sweep screening procedure as defined by Manual for the School Audiometrist, Audiometry guidelines hearing conversation program state of California. Exceptions (exceptional children) defined as very young, shy, frightened, crying, behavioral, developmental

Facility Review Scoring Guidelines Section 7: Pediatric Preventative Services	
	disabilities, developmental delay, cerebral palsy, children with a syndrome (ex. Usher's) and the non-English speaking child preferred method: Play Audiometry. This technique requires natural unfinished wood cubes, 1-inch in size, uncolored, wicker basket, sturdily build age-appropriate table and chairs. Screener uses animated facial expression, enthusiasm and positive reaction to the child's responses which follows steps to be used when screening. Earphone must be disinfected with non-alcohol wipes and disinfected after each hearing screening. Audiometer must be calibrated annually by qualified technician. 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 90 dB • Produce frequencies at 500, 1000, 2000, 3000, 4000, 6000 and 8000 Hz • 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.

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

Access/Safety Information Related to ADA

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.

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.

Access/Safety Information Related to ADA

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

Access/Safety Information Related to ADA
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). 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

Equipment and Medication Management
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.