

# ALAMEDA ALLIANCE FOR HEALTH FACILITY SITE REVIEW (FSR) AND MEDICAL RECORD REVIEW (MRR) PREPARATION CHECKLIST


## OVERVIEW

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we appreciate all of your hard work to improve the health and well-being of our community.

We have created this Facility Site Review (FSR) and Medical Record Review (MRR) Preparation Checklist as a guide to help you conduct internal reviews at your practice to determine your readiness level for your upcoming FSR and/or MRR.

This checklist incorporates revisions made by the California Department of Health Care Services (DHCS) to the criteria, as well as the scoring of the FSR and MRR tools and standards as noted in **APL 22-017 – Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review**. Please reference the most current DHCS standards and the embedded website links below for more detailed information. The review standards provide directions, instructions, rules, regulation parameters, and/or indicators for the provider office’s FSR and MRR. Not all criteria below are applicable to your clinic location. Please provide a brief explanation to the nurse reviewer before or during your site visit for all criteria that you believe are not applicable to your clinic location.

All critical element (CE) criteria are bolded and italicized in *blue*. CEs, survey elements within the FSR identified as “critical” due to their potential for adverse effects on patient health or safety, have a weighted score of **two (2)** points. Each CE found deficient during a full-scope site review, focused review, or monitoring visit shall be corrected by the provider within **10 business days**. All non-CE criteria have a weighted score of **one (1)** point and shall be corrected by the provider within **30 calendar days** from the review report date.

All new DHCS criteria released in 2022 and 2023 are noted as **NEW**. All updated criteria are underlined. Criteria requiring documentation or written policies and procedures for FSR are indicated by .

To access the most recent FSR and MRR tools and resources, Physical Accessibility Review Survey (PARS), and this checklist, please visit the Provider Resources page on the Alliance website at **[www.alamedaalliance.org/providers/provider-resources](http://www.alamedaalliance.org/providers/provider-resources)** and click on Facility Site Review (FSR) and Medical Record Review (MRR).

Thank you for your continued partnership. We appreciate you for your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

## WE ARE HERE TO HELP YOU

For questions regarding the site review process, please contact:

Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.474.4510**  
Email: **[providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)**

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## FACILITY SITE REVIEW (FSR)

Nurse reviewers evaluate and review office processes, policies, and procedures, documented evidence of staff training, and maintenance of the physical site.

☑	ACCESS/SAFETY
📄	1. Clearly marked (blue) curb or sign designating disabled parking space near accessible primary entrance. If no accessible space, a written plan is in place to accommodate the member.
	2. Pedestrian ramps have a level landing at the top and bottom of the ramp.
	3. Exit and exam room doorway openings allow for clear passage of a person in a wheelchair.
	4. Accessible passenger elevator or reasonable alternative for multilevel floor accommodation.
	5. Clear floor space for wheelchairs in waiting area and exam room.
	6. Wheelchair-accessible restroom facilities.
	7. Wheelchair-accessible handwashing facilities or reasonable alternative.
	8. All patient areas, including floor/carpet, walls, and furniture, are neat, clean, and well-maintained.
	9. Restrooms are clean and contain appropriate sanitary supplies.
📄	10. There is evidence that staff received safety training and/or has safety information available on the following: <ul style="list-style-type: none"> <li>• Fire safety and prevention</li> <li>• Emergency non-medical procedures (e.g., site evacuation, workplace violence)</li> </ul>
	11. Lighting is adequate in all areas to ensure safety.
	12. <b>CE Exit doors and aisles are unobstructed and egress (escape) accessible.</b> <a href="http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37">www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37</a>
	13. Exit doors are clearly marked with "Exit" signs.
	14. Clearly diagrammed "Evacuation Routes" for emergencies are posted in a visible location at all elevators, stairs, and exits.
	15. Electrical cords and outlets are in good working condition.
	16. Firefighting equipment in accessible locations. At least one (1) of the following types of fire safety equipment are on site (e.g., mounted, fully charged, and operable fire extinguisher; smoke detector; automatic sprinkler system). <a href="http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157">www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157</a>
<b>NEW</b>	17. An employee alarm system utilized onsite with backup method to warn employees of a fire or other emergency. For sites with 10 or fewer employees, direct voice communication is an acceptable procedure for sounding the alarm provided all employees can hear the alarm. The site-specific policy will be reviewed. <a href="http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37">www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37</a>
📄	18. Personnel are trained in procedures/action plan to be carried out in case of a medical emergency on site. There is evidence that the staff has received training and knows where to locate established clinic policies and procedures.
	19. Emergency equipment is stored together in an easily accessible location and is ready to be used.
📄	20. Emergency contacts are posted, updated annually, and as changes occur and include locale emergency services (e.g., fire, police/sheriff, fire, and ambulance); emergency contacts (e.g., responsible managers, supervisors) and appropriate state, county, city, and local agencies (e.g., local poison control). The list shall be <u>dated and updated annually</u> .
<b>NEW</b>	21. <b>CE Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe, and Ambu bag as appropriate to the patient population served.</b> The oxygen delivery system must be able to regulate up to 6 LPM, maintained for a minimum of 15 minutes. Flow rate establishes a minimum total oxygen delivery capacity of 90 liters. Portable oxygen tanks are maintained at least ¾ full.
<b>NEW</b>	22. <b>CE Emergency medicine, based on patient population served, for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia.</b> Epinephrine 1mg/mL (injectable), and Diphenhydramine (Benadryl) 25mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), <b>Naloxone, chewable Aspirin 81 mg*, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (containing at least 15 grams).</b> Appropriate sizes of ESIP needles/syringes and alcohol wipes are available on-site. *Chewable Aspirin only comes in 81 mg. 325 mg dose is acceptable as long as it is not enteric-coated or micro-coated Aspirin so as not to impede fast absorption. Most adults will require four (4) doses of the 81mg chewable Aspirin.
📄	23. Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.

☑	<b>ACCESS/SAFETY</b>
📄	24. Process in place to document checking of emergency medication, equipment, and supplies for expiration and operating status at least monthly (including fullness of oxygen tank) may include log, checklist, or other appropriate method(s).
	25. Process in place to replace/restock emergency medication, equipment, and supplies immediately after use.
	26. Medical equipment is clean.
📄	27. Written documentation demonstrates the appropriate maintenance of all medical equipment according to the manufacturer's guidelines (e.g., annual calibration and monthly controls).

☑	<b>PERSONNEL</b>
📄	1. All required professional licenses and certifications, issued from the appropriate licensing/certification agency, are current.
📄	2. Notification is provided to each member that the MD(s) is licensed and regulated by the Medical Board and that the Physician Assistant(s) is licensed and regulated by the Physician Assistant Board. <b>www.mbc.ca.gov</b> and/or <b>www.pab.ca.gov</b> <b>www.mbc.ca.gov/licensing/Notice-to-Consumers.aspx</b> <b>www.pab.ca.gov/consumers/notice.pdf</b>
	3. Health care personnel wear identification badges/tags printed with name and title.
📄 <b>NEW</b>	4. Documentation of education/training for non-licensed medical personnel is maintained on-site. Education/training includes skin/venipuncture. For facilities that have pediatric patients (under 21 years old), there is evidence of completed training (valid for 4 years) in: <ul style="list-style-type: none"> <li>• <u>Audiometric screening</u></li> <li>• <u>Vision screening</u></li> <li>• <u>Anthropometric measurements, including obtaining Body Mass Index (BMI) percentile and</u></li> <li>• <u>Dental screening and fluoride varnish application</u></li> </ul>
	5. <b>CE Only qualified/trained personnel retrieve, prepare, or administer medications.</b> <b>www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Practice-Information/Medical-Assistants.aspx</b>
📄 <b>NEW</b>	6. Site has a procedure in place for confirming the correct patient/medication/vaccine dosage prior to administration.
	7. Only qualified/trained personnel operate medical equipment. <b>www.mbc.ca.gov/Download/Newsletters/newsletter-2015-10.pdf</b>
📄       <b>NEW</b>	8. Scope of practice for Non-Physician Medical Practitioners (NPMP) is clearly defined (if applicable) including the delegation of the supervision of MAs when the supervising physician is off premises. <ol style="list-style-type: none"> <li>a. Standardized Procedures for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM) are available on-site. <b>www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf</b> <b>www.rn.ca.gov/pdfs/regulations/npr-b-20.pdf</b></li> <li>b. A <u>Practice Agreement</u> defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the Supervising Physician. <b>www.pab.ca.gov</b> <b>www.pab.ca.gov/forms_pubs/sb697faqs.pdf</b></li> <li>c. Standardized Procedures, Practice Agreements, and Supervisory Guidelines are revised, updated, and signed by the supervising physician and NPMP when changes in the scope of services occur.</li> <li>d. Each NPMP who prescribes controlled substances has a valid DEA Registration Number.</li> </ol>
       <b>NEW</b>	9. NPMPs are supervised according to established standards: <ol style="list-style-type: none"> <li>a. The ratio of the designated supervising physician(s) on-site to the number of NPMPs does not exceed established ratios in any combination. The maximum number of NPMPs who may be supervised by a single primary care physician (PCP) is limited to the following at any given time/shift in any of their locations.           <ul style="list-style-type: none"> <li>• 1:4 NPs</li> <li>• 1:4 CNMs</li> <li>• 1:4 PAs</li> </ul> </li> <li>b. The designated supervising or backup physician is available in person or by electronic communication at all times when an NPMP is caring for patients.</li> <li>c. <u>Evidence of NPMP supervision.</u></li> </ol>






☑	<b>OFFICE MANAGEMENT</b>
☰ <b>NEW</b>	13. Persons providing language interpreter services, including sign language on site, are trained in medical interpretation. Site personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities. <u>A written policy is in place.</u> <b><a href="http://www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english">www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english</a></b>
☰	14. Office practice procedures allow timely provision and tracking of internal and external referrals, consultant reports, and diagnostic test results.
	15. <b>CE Physician review and follow-up of referral/consultation reports and diagnostic test results.</b>
☰	16. Phone number(s) for filing grievances/complaints are located on-site. At least one telephone number for filing grievances is posted on-site or is readily available upon request.
☰ <b>NEW</b>	17. Complaint forms and a copy of the grievance procedure(s) are available on-site. The following numbers are available: <ul style="list-style-type: none"> <li>• Department of Managed Health Care (DMHC) Help Center: <b>1.888.466.2219</b></li> <li>• Ombudsman: <b>1.888.452.8609</b></li> </ul> <b><a href="http://www.alamedaalliance.org/providers/provider-resources/grievances-appeals">www.alamedaalliance.org/providers/provider-resources/grievances-appeals</a></b>
	18. Medical records are readily retrievable for scheduled patient encounters.
	19. Medical documents are filed in a timely manner to ensure availability for patient encounters.
	20. Exam rooms and dressing areas safeguard patients' right to privacy.
	21. Procedures are followed to maintain the confidentiality of personal patient information (sign-in sheets with only one patient identifier, signed confidentiality agreement from the after-hours cleaning crew, etc.)
☰	22. Medical record release procedures are compliant with state and federal guidelines.
☰	23. Storage and transmittal of medical records preserves confidentiality and security (e.g., confidentiality statement on fax cover pages, etc.).
<b>NEW</b>	24. Medical records are retained for a <u>minimum of 10 years.</u>

☑	<b>CLINICAL SERVICES – PHARMACEUTICAL SERVICES</b>
<b>NEW</b>	1. Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers.
<b>NEW</b>	2. Prescription, drug samples, and over-the-counter drugs; hypodermic needles/syringes, <u>all medical sharp instruments; hazardous substances (disinfectant solutions/wipes)</u> and prescription pads are securely stored in a lockable space (cabinet or room) within the office/clinic.
	3. Controlled drugs are stored in a locked space accessible only to authorized personnel.
☰	4. A dose-by-dose controlled substance distribution log is maintained (if applicable).
☰ <b>NEW</b>	5. Written site-specific policy/procedure for dispensing of sample drugs is available on site. A list of dispensed and administered medications shall be present on site. <b><a href="http://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/anticoagulation/guidelines-minimum-standard-ambulatory-care-pharmacy.ashx?la=en&amp;hash=ABF816352CAF1AB846B7C339A45AA74D80F820A6">www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/anticoagulation/guidelines-minimum-standard-ambulatory-care-pharmacy.ashx?la=en&amp;hash=ABF816352CAF1AB846B7C339A45AA74D80F820A6</a></b>
	6. Drugs are prepared in a clean area, or “designated clean” area if prepared in a multipurpose room.
	7. Drugs for external use are stored separately from drugs for internal use.
<b>NEW</b>	8. Items other than medications in the refrigerator/freezer are kept in a secured, separate compartment from drugs.
<b>NEW</b>	9. Refrigerator thermometer temperature is 36°-46° Fahrenheit or 2°-8° Centigrade (at the time of site visit). <b><a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a></b>
	10. Freezer thermometer temperature is 5° Fahrenheit or –15° Centigrade, or lower (at the time of site visit).
<b>NEW</b>	11. Site utilizes drugs/vaccine storage units that are able to maintain the required temperature. Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. <b><a href="https://eziz.org/vaccine-storage">https://eziz.org/vaccine-storage</a></b> <b><a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a></b> <b><a href="http://www.fda.gov/vaccines-blood-biologics/vaccines/questions-about-vaccines">www.fda.gov/vaccines-blood-biologics/vaccines/questions-about-vaccines</a></b> <b><a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html</a></b> <b><a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a></b>
☰ <b>NEW</b>	12. Daily temperature readings of drugs/vaccine refrigerator and freezer are documented. <u>Center for Disease Control and Prevention (CDC) recommends the use of continuous temperature monitoring device or digital data loggers (DDLs). At least one backup DDL is readily available for emergency vaccine transport or when primary DDL is sent in for calibration.</u>

☑	<b>CLINICAL SERVICES – PHARMACEUTICAL SERVICES</b>
NEW	13. There is a written plan for vaccine protection in case of a power outage or malfunction of the refrigerator or freezer. Staff is able to verbalize the plan. <a href="http://www.cdc.gov/disasters/poweroutage/vaccinestorage.html">www.cdc.gov/disasters/poweroutage/vaccinestorage.html</a> <a href="http://www.eziz.org/assets/docs/IMM-1122.pdf">www.eziz.org/assets/docs/IMM-1122.pdf</a> <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>
	14. Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.
	15. Hazardous substances are appropriately labeled.
📄	16. Site has method(s) in place for drug and hazardous substance disposal.
	17. There are no expired drugs on site.
📄	18. Site has a procedure to check the expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas at least monthly.
	19. All stored and dispensed prescription drugs are appropriately labeled.
	20. <b>CE Only lawfully authorized persons dispense drugs to patients.</b>
NEW	21. <b>CE Drugs and vaccines are prepared and drawn only prior to administration.</b>
📄	22. Current Vaccine Information Sheets (VIS) for distribution to patients are present on site. <a href="http://www.cdc.gov/vaccines/pubs/vis/default.htm">www.cdc.gov/vaccines/pubs/vis/default.htm</a> <a href="http://www.eziz.org">www.eziz.org</a>
📄	23. If there is a pharmacy on-site, it is licensed by the California State Board of Pharmacy.
NEW	24. Site utilizes the California Immunization Registry (CAIR) or the most current version. If the clinic does not offer vaccine administration, the site staff shall be able to utilize the registry to access the member’s immunization record. <a href="http://cairweb.org/join-cair">cairweb.org/join-cair</a> <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf</a>
☑	<b>CLINICAL SERVICES – LABORATORY SERVICES</b>
📄	1. Laboratory test procedures are performed according to the current site-specific Clinical Laboratory Improvement Amendments (CLIA) certificate. <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index">www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index</a> <a href="http://www.cms.gov">www.cms.gov</a> <a href="http://www.fda.gov">www.fda.gov</a> Contact CDPH Laboratory Field Services at <b>1.510.620.3800</b> or <b>LFSrecep@cdph.ca.gov</b> for CLIA certification, laboratory license, or personnel questions.
	2. Testing personnel performing clinical lab procedures have been trained.
	3. Lab supplies (e.g., vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.
	4. Lab test supplies are not expired.
📄	5. Site has a process in place to check expiration dates and a method to dispose of expired lab test supplies.
☑	<b>CLINICAL SERVICES – RADIOLOGY SERVICES (IF APPLICABLE)</b>
NEW	1. Site has the current California Radiologic Health Branch Inspection Report (in the last 5 years) and <u>proof of registration</u> if there is radiological equipment on site. <a href="http://www.cdph.ca.gov/rhb">www.cdph.ca.gov/rhb</a>
📄	2. The following documents are posted on-site: <ol style="list-style-type: none"> <li>Current copy of Title 17 with a posted notice about the availability of Title 17 and its location.</li> <li>“Radiation Safety Operating Procedures” posted in a highly visible location.</li> <li>“Notice to Employees Poster” posted in a highly visible location.</li> <li>“Caution, X-ray” sign posted on or next to the door of each room that has X-ray equipment.</li> <li>Physician Supervisor/Operator certificate posted and within the current expiration date.</li> <li>Technologist certificate posted and within the current expiration date.</li> </ol>
	3. The following radiological protective equipment is present on site: <ol style="list-style-type: none"> <li>Operator protection devices: Radiological equipment operators must use a lead apron or lead shield.</li> <li>Gonadal shield (0.5 mm or greater lead equivalent): For patient procedures in which gonads are in direct beam.</li> </ol>



☑	<b>PREVENTIVE SERVICES</b>
	1. Examination equipment, appropriate for primary care services, is available on-site.
	2. Exam tables and lights are in good repair.
	3. Stethoscope and sphygmomanometer with various size cuffs (e.g., child, adult, obese, thigh).
	4. Thermometer with a numeric reading.
	5. Basic exam equipment: Percussion hammer, tongue blades, patient gowns.
	6. Scales: Standing balance beam and infant scales.
	7. Measuring devices for stature (height/length) measurement and head circumference measurement. If seeing patients under 21 years of age, the height measuring device must be at a right angle, rigid, and wall-mounted.
<b>NEW</b>	<p>8. Eye charts (literate and illiterate) and occluder for vision testing. Wall-mounted charts are height-adjustable. Proper use of heel line. Wall-mounted eye charts should be height-adjustable and positioned at the eye level of the patient. Examiners shall stand their patients with their heels to the line unless the eye chart that is being used to screen specifically instructs the patient to be positioned elsewhere. "Heel" lines are aligned with the center of the eye chart at 10 or 20 feet depending on whether the chart is for the 10-foot or 20-foot distance. Eye charts are in an area with adequate lighting and at height(s) appropriate to use. Effective occlusion, such as with tape of an occlusive patch of the eye not being tested, is important to eliminate the possibility of peeking.</p> <p><u>The American Academy of Pediatrics (AAP) recommended eye charts are as follows:</u></p> <ul style="list-style-type: none"> <li>• <u>Sloan letters (preferred) or Snellen letters (children over 5 years old and adults)</u></li> <li>• <u>HOTV chart (children 3-5 years old)</u></li> <li>• <u>LEA symbols (children 3-5 years old)</u></li> </ul>
	9. Ophthalmoscope.
	10. Otolaryngoscope with adult and pediatric ear speculums.
<b>NEW</b>	11. A pure tone, air conduction audiometer in a quiet location for testing. PCP offices (such as Family Practitioners or General Practitioners) that refer all members to another provider for audiometric testing, must have a system in place that clearly demonstrates that the PCP office verifies that audiometric testing has been completed and that those results are returned to the PCP for review.
	<p>12. Health education materials and Plan-specific resource information are:</p> <ol style="list-style-type: none"> <li>a. Readily accessible on-site or made available upon request.</li> <li>b. Applicable to the practice and population served on site.</li> <li>c. Available in threshold languages identified for county and/or area of site location.</li> </ol> <p><b><a href="http://www.alamedaalliance.org/providers/patient-health-wellness-education">www.alamedaalliance.org/providers/patient-health-wellness-education</a></b></p>

☑	<b>INFECTION CONTROL</b>
	1. Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for handwashing.
	2. A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.
	<p>3. Site has a procedure for effectively isolating infectious patients with potential communicable conditions.  <b><a href="http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a></b></p>
	4. <b>CE</b> Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use. PPE includes water-repelling gloves, clothing barrier/gown, face/eye protection (e.g., goggles/face shield), and respiratory infection protection (e.g., mask).
	<p>5. <b>CE</b> Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate <i>leak-proof, labeled</i> containers for collection, handling, processing, storage, transport, or shipping.  <b><a href="http://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx">www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/MedicalWaste.aspx</a></b>  <b><a href="http://www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/MedicalWasteManagementAct.pdf">www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/MedicalWasteManagementAct.pdf</a></b></p>
	6. <b>CE</b> Needle-stick safety precautions are practiced on site. (Only safety needles and wall-mounted/secured sharps containers are used on site, sharps containers are not overfilled, etc.)
	7. All sharp injury incidents are documented (e.g., copy of form and log).
	8. Biohazardous (non-sharp) wastes are contained separately from other trash/waste.
	9. Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.
	10. Contaminated laundry is laundered at the workplace or by a commercial laundry service.



☑	INFECTION CONTROL
NEW	11. Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a <u>central location of accumulation in limited quantities (up to 35.2 pounds)</u> . Service contract and pickup receipts must be kept on-site.
	12. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material.
	13. Routine cleaning and decontamination of equipment/work surfaces are completed according to a site-specific written schedule. There is a spill procedure.
	14. Disinfectant solutions used on site: <ul style="list-style-type: none"> <li>a. Are approved by the Environmental Protection Agency (EPA).</li> <li>b. Are effective in killing HIV/HBV/TB.</li> <li>c. Follow manufacturer instructions. Staff is familiar with contact/kill time, reconstitution, etc.</li> </ul>
	15. Written site-specific policy/procedures or manufacturer’s Instructions for instrument/equipment sterilization are available to staff.
	16. Staff adheres to site-specific policy and/or manufacturer/product label directions for cleaning reusable instruments/equipment prior to sterilization.
NEW	17. Cold sterilization/high-level disinfection: Staff adheres to site-specific policy and/or manufacturer/product label directions: <ul style="list-style-type: none"> <li>a. <b>CE Staff demonstrates/verbalizes necessary steps/process to ensure sterility and/or high-level disinfection of equipment.</b> Product efficacy tests (i.e. test strips) shall be performed according to manufacturer’s guidelines.</li> <li>b. Confirmation from manufacturer item(s) is/are heat sensitive.</li> <li>c. <b>CE Appropriate PPE, exposure control plan, Material Safety Data Sheets, and cleanup instructions in the event of a cold chemical sterilant spill are available.</b></li> </ul> <p><a href="http://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html">www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html</a>  <a href="http://www.oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control">www.oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control</a></p>
NEW NEW NEW NEW	18. Autoclave/steam sterilization: Staff adheres to site-specific policy and/or manufacturer/product label directions. <ul style="list-style-type: none"> <li>a. <u>Staff demonstrate/verbalize necessary steps/processes to ensure sterility.</u></li> <li>b. <u>Autoclave maintenance per manufacturer’s guidelines.</u></li> <li>c. <b>CE Spore testing of autoclave/steam sterilizer with documented results (at least monthly).</b> Documentation of monthly spore testing must be maintained onsite even for sterilization that is performed offsite.</li> <li>d. <b>CE Management of positive mechanical, chemical, and biological indicators of the sterilization process.</b></li> <li>e. Sterilization packages are labeled with sterilization date and load identification information.</li> <li>f. <u>Storage of sterilized packages are clean, dry, and separated from non-sterile items by a functional barrier. Site has a process for the routine evaluation of sterilized packages.</u></li> </ul> <p><a href="http://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html">www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html</a>  <a href="http://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html">www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html</a></p>

## MEDICAL RECORD REVIEW (MRR)

Nurse reviewers are evaluating and reviewing documentation and processes of the criteria included in the medical record review.

<input checked="" type="checkbox"/>	<b>FORMAT</b>
	1. Member identification is on each page.
	2. Individual personal biographical information is documented.
	3. Emergency “contact” is identified. Next of kin is not considered as an emergency contact.
	4. Medical records are maintained and organized.
	5. Member’s assigned and/or rendering primary care provider (PCP) is identified. (ID card or eligibility printout is available.)
	6. Primary language and linguistic service needs of non- or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted. <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2021/APL21-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2021/APL21-004.pdf</a>
<b>NEW</b>	7. Person or entity providing medical interpretation is identified. <a href="http://www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national">www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national</a> <a href="http://www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english">www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english</a>
<b>NEW</b>	8. Signed copy of the Notice of Privacy. <a href="http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html">www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html</a> <a href="http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html">www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html</a>

<input checked="" type="checkbox"/>	<b>DOCUMENTATION</b>
	1. Allergies are prominently noted.
	2. Chronic problems and/or significant conditions are listed.
	3. Current continuous medications are listed.
<b>NEW</b>	4. Appropriate consents are present: <ol style="list-style-type: none"> <li>Release of medical records.</li> <li>Informed consent for invasive procedures.</li> </ol>
<b>NEW</b>	5. Advance Health Care Directive information is offered (adults 18 years of age or older, emancipated minors). This is documented in the medical record and reviewed at least every 5 years.
	6. All entries are signed, dated, and legible. <a href="http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-officestaff-factsheet.pdf">www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-officestaff-factsheet.pdf</a>
	7. Errors are corrected according to legal medical documentation standards.

<input checked="" type="checkbox"/>	<b>COORDINATION/CONTINUITY OF CARE</b>
	1. History of present illness or reason for the visit is documented.
	2. Working diagnoses are consistent with findings.
	3. Treatment plans are consistent with diagnoses.
	4. Instruction for follow-up care is documented in all visits (e.g., RTC in one year for CPE, RTN, PRN).
	5. Unresolved/continuing problems are addressed in subsequent visit(s).
	6. There is evidence of practitioner review of specialty/consult/referral reports and diagnostic test results.
	7. There is evidence of follow-up of specialty/consult/referrals made, and results/reports of diagnostic tests, when appropriate.
	8. Missed primary care appointments and outreach efforts/follow-up contacts are documented.

☑	PEDIATRIC PREVENTIVE
NEW	<p>1. <b>Initial Health Appointment (IHA)</b> must be completed within 120 days of plan enrollment or PCP effective date (whichever is more recent) or documented within the 12 months prior to Plan enrollment. IHA includes a history of the member’s physical and behavioral health, identification of risks, assessment of the need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.</p> <ol style="list-style-type: none"> <li>Comprehensive History and Physical (H&amp;P)</li> <li><u>Member Risk Assessment – complete at least one (1) of the following risk assessment domains: Pediatric ACEs and Related Life Events Screener (PEARLS), Adverse Childhood Experiences (ACEs), Health Information Form/Member Evaluation Tool (HIF/MET), or Social Determinants of Health (SDOH)</u>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2022/APL22-030.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2022/APL22-030.pdf</a> (or current version)  <a href="http://www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Child-Parent-Caregiver-Report-De-Identified-English.pdf">www.acesaware.org/wp-content/uploads/2019/12/PEARLS-Tool-Child-Parent-Caregiver-Report-De-Identified-English.pdf</a>  <a href="http://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf">www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf</a>  <a href="http://www.cdc.gov/about/sdoh/index.html">www.cdc.gov/about/sdoh/index.html</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></li> </ol>
NEW	<p>2. <b>Subsequent Comprehensive Health Assessment:</b></p> <ol style="list-style-type: none"> <li>Comprehensive H&amp;P — Completed at age-appropriate frequency; and</li> <li><u>Subsequent Member Risk Assessment – completed annually or more frequently if any significant changes in health. Complete an assessment of at least one (1) of the following risk assessment domains: ACEs, HIF/MET, SDOH</u></li> </ol>
	<p>3. <b>Well-Child:</b> Medi-Cal patients shall receive age-appropriate physical exams according to the American Academy of Pediatrics (AAP) schedule.  <a href="http://www.aap.org/periodicityschedule">www.aap.org/periodicityschedule</a>  <a href="http://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx">www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx</a></p>
NEW	<p>4. <b>Alcohol Use Disorder (AUD):</b> Screening and behavioral counseling (per AAP, screen all children 11 years of age and older. See Adolescent Staying Healthy Assessment (SHA) Q23-26 or Adult SHA Q19. If the patient answered “yes” to the alcohol question in the SHA or at any time the PCP identifies a potential alcohol misuse problem, then the provider shall complete the following, when applicable:</p> <ol style="list-style-type: none"> <li>Use screening tools (e.g., CRAFFT assessment tool),</li> <li>Provide feedback to the patient regarding screening and assessment results,</li> <li>Discuss negative consequences that have occurred and the overall severity of the problems,</li> <li>Support the patient in making behavioral changes, and</li> <li>Discuss and agree on plans for follow-up with the patient, including referral to other treatment if indicated.</li> </ol> <p><a href="http://www.aap.org/periodicityschedule">www.aap.org/periodicityschedule</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions</a>  Bright Futures recommended assessment tool is available at <a href="http://crafft.org">crafft.org</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-014.pdf</a> (or current version)  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></p>
NEW	<p>5. <b>Anemia Screening:</b> Risk assessment or screening at 4, 15, 18, 24, 30 months, and 3 years of age, then annually thereafter; and serum hemoglobin at 12 months.  <a href="http://www.aap.org/periodicityschedule">www.aap.org/periodicityschedule</a></p>
NEW	<p>6. <b>Anthropometric Measurements:</b> For each well-child exam.</p> <ul style="list-style-type: none"> <li>Infants up to 24 months old: assess for length/height and head circumference. Measurements are plotted in a World Health Organization (WHO) growth chart.</li> <li>2-21 years old: assess for height, weight, and body mass index (BMI) measurements are plotted in a CDC growth chart.</li> </ul> <p><a href="http://www.cdc.gov/growthcharts">www.cdc.gov/growthcharts</a></p>
	<p>7. <b>Anticipatory Guidance:</b> Documented at each well-child exam. Includes age-appropriate counseling/health education provided to parent and/or pediatric member.  <a href="http://www.aap.org/periodicityschedule">www.aap.org/periodicityschedule</a></p>

☑	PEDIATRIC PREVENTIVE
<b>NEW</b>	<p>8. <b>Autism Spectrum Disorder Screening:</b> Screenings at 18 months and 24 months. The Autism Spectrum Disorder Screening tools that may be used are:</p> <ul style="list-style-type: none"> <li>a. Ages and Stages Questionnaires (ASQ)</li> <li>b. Communication and Symbolic Behavior Scales (CSBS)</li> <li>c. Parents' Evaluation of Developmental Status (PEDS)</li> <li>d. Modified Checklist for Autism in Toddlers (MCHAT)</li> <li>e. Screening Tool for Autism in Toddlers and Young Children (STAT)</li> <li>f. Survey of Well-being of Young Children (SWYC)</li> </ul> <p><a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf</a></p>
<b>NEW</b>	<p>9. <b>Blood Lead Testing and Education:</b> Educate on lead exposure prevention at each well-child visit from 6 months to 6th birthday. At 12 months and 24 months, complete a blood lead test. If there is no documented testing between 24 months and 72 months, complete a baseline blood lead test. <u>Signed statement of voluntary refusal is documented.</u></p> <p><a href="http://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm">www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm</a>  <a href="http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf">www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-care%20guideline_sources%20of%20lead.pdf</a>  <a href="http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf">www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf</a>  <a href="http://www.cdph.ca.gov/Programs/ccdphp/deodc/clppb/pages/prov.aspx">www.cdph.ca.gov/Programs/ccdphp/deodc/clppb/pages/prov.aspx</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf</a></p>
<b>NEW</b>	<p>10. <b>Blood Pressure Screening:</b> Screening at each well-child visit starting at 3 years of age.  <a href="http://www.aap.org/periodicityschedule">www.aap.org/periodicityschedule</a></p>
	<p>11. <b>Dental/Oral Assessment:</b> Inspection of the mouth, teeth, and gums is performed at every health assessment visit. The dental home is established within 12 months and a referral to a dentist if a problem is detected or suspected.  <a href="http://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf">www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf</a>  <a href="http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-">www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-</a></p>
<b>NEW</b>	<p>12. <b>Dental Fluoride Supplementation:</b> Prescribe oral fluoride supplementation starting at age 6 months to 16 years old (age range according to the most current AAP periodicity schedule) for children whose water supply is deficient in fluoride. Document risk for tooth decay and/or daily exposure to systemic fluoride is deficient.  <a href="http://pediatrics.aappublications.org/content/134/3/626">pediatrics.aappublications.org/content/134/3/626</a>  <a href="http://pediatrics.aappublications.org/content/134/6/1224">pediatrics.aappublications.org/content/134/6/1224</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-carries-in-children-younger-than-age-5-years-screening-and-interventions1">www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-carries-in-children-younger-than-age-5-years-screening-and-interventions1</a></p>
<b>NEW</b>	<p>13. <b>Dental Fluoride Varnish:</b> Children younger than 5 years old once teeth have erupted (age range according to most current AAP periodicity schedule). Apply at least once every 3-6 months in the primary care or dental office. Documentation of “seeing a dentist” without specific notation that fluoride varnish was applied does not meet the criterion. Not all dentists routinely apply fluoride varnish during routine dental visits.  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07008.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07008.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/Search/dental%20screening">www.uspreventiveservicestaskforce.org/Search/dental%20screening</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-carries-in-children-younger-than-age-5-years-screening-and-interventions1">www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-carries-in-children-younger-than-age-5-years-screening-and-interventions1</a></p>
<b>NEW</b>	<p>14. <b>Depression Screening:</b> Screen adolescents aged 12 years of age and older, annually using PHQ-9 Modified for Teens (PHQ-9A) or other tools. SHA is not a valid screening tool.  <a href="http://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf">www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf</a>  <a href="https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf">https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf</a>  <a href="http://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/?page=1">www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/?page=1</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening</a></p>

☑	PEDIATRIC PREVENTIVE
<b>NEW</b>	<p>15. <b>Depression Screening - Suicide Risk Screening:</b> Starting at 12 years old, screen at each well visit using validated screening tools. Examples of tools: Ask Suicide Questions (ASQ), Suicide Behavior Questionnaire-Revised (SBQ-R), Columbia Suicide Severity Rating Scale (C-SSRS) Triage version, Patient Health Questionnaire – 9 Adolescent Version (PHQ-9A), Patient Safety Screener – 3 (PSS-3).  <a href="https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf">https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf</a>  <a href="http://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/?facets=%5B%5D&amp;k=PHQ-9&amp;page=1">www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/?facets=%5B%5D&amp;k=PHQ-9&amp;page=1</a>  <a href="http://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf">www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf</a>  <a href="http://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings-for-youth-suicide-prevention/screening-for-suicide-risk-in-clinical-practice/">www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings-for-youth-suicide-prevention/screening-for-suicide-risk-in-clinical-practice/</a></p>
<b>NEW</b>	<p>16. <b>Depression Screening – Maternal Depression:</b> Perform maternal depression screening of infants at 1-, 2-, 4-, and 6-month well-baby visits.  <a href="http://pediatrics.aappublications.org/content/126/5/1032">pediatrics.aappublications.org/content/126/5/1032</a>  <a href="http://www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/postpartum-depression">www.acog.org/patient-resources/faqs/labor-delivery-and-postpartum-care/postpartum-depression</a>  <a href="http://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression">www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression</a>  <a href="http://www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/integrating-postpartum-depression-screening-in-your-practice-in-4-steps/">www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/integrating-postpartum-depression-screening-in-your-practice-in-4-steps/</a>  <a href="http://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression">www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression</a>  <a href="https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf">https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf</a>  <a href="http://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf">www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf</a></p>
<b>NEW</b>	<p>17. <b>Developmental Disorder Screening:</b> For developmental disorders at the 9-, 18-, and 30-month well-child visits (30-month screening could be done at 24 months) using an AAP-validated screening tool.</p> <ol style="list-style-type: none"> <li>Ages and Stages Questionnaire (ASQ) - 4 months to age 5</li> <li>Ages and Stages Questionnaire - 3rd Edition (ASQ-3)</li> <li>Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months</li> <li>Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2</li> <li>Brigance Screens-II - Birth to 90 months</li> <li>Child Development Inventory (CDI) - 18 months to age 6</li> <li>Infant Development Inventory - Birth to 18 months</li> <li>Parents’ Evaluation of Developmental Status (PEDS) - Birth to age 8</li> <li>Parent’s Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)</li> </ol> <p>ASQ: SE and M-CHAT are <u>not approved</u> screening tools  <a href="https://publications.aap.org/pediatrics/article/145/1/e20193449/36971/Promoting-Optimal-Development-Identifying-Infants">https://publications.aap.org/pediatrics/article/145/1/e20193449/36971/Promoting-Optimal-Development-Identifying-Infants</a></p>
	<p>18. <b>Developmental Surveillance:</b> At every well-care visit.  <a href="http://pediatrics.aappublications.org/content/118/1/405">pediatrics.aappublications.org/content/118/1/405</a></p>
<b>NEW</b>	<p>19. <b>Drug Use Disorder:</b> Screening and behavioral counseling (per AAP recommendations, screening should begin at 11 years of age. Provider shall offer and document appropriate follow-up intervention(s). Brief Assessment and Screening – when screening is positive, validated assessment tools should be used to determine if unhealthy drug use is present. (See Adolescent SHA Q23–26 or Adult SHA Q19.). If the patient answered “yes” to the alcohol question in the SHA or at any time the PCP identifies a potential alcohol misuse problem, then the provider shall complete the following, when applicable:</p> <ol style="list-style-type: none"> <li>Use screening tools (e.g., CRAFFT assessment tool)</li> <li>Provide feedback to the patient regarding screening and assessment results,</li> <li>Discuss negative consequences that have occurred and the overall severity of the problem,</li> <li>Support the patient in making behavioral changes, and</li> <li>Discuss and agree on plans for follow-up with the patient, including referral to other treatment if indicated.</li> </ol> <p>Bright Futures recommended assessment tool is available at <a href="http://www.crafft.org">www.crafft.org</a>  <a href="https://publications.aap.org/pediatrics/article/138/1/e20161211/52568/Substance-Use-Screening-Brief-Intervention-and">https://publications.aap.org/pediatrics/article/138/1/e20161211/52568/Substance-Use-Screening-Brief-Intervention-and</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2021/APL21-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2021/APL21-014.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></p>

☑	PEDIATRIC PREVENTIVE
NEW	<p>20. <b>Dyslipidemia Screening:</b> Risk assessment at 2, 4, 6, and 8 years of age, then annually thereafter; order one (1) lipid panel between 9 and 11, and again at 17 and 21 years of age.  <a href="http://www.nhlbi.nih.gov/node/80308">www.nhlbi.nih.gov/node/80308</a></p>
	<p>21. <b>Hearing Screening:</b> At each well visit. Per AAP audiometric screenings are performed at:</p> <ul style="list-style-type: none"> <li>• Birth to 2 months old, 4, 5, 8, and 10 years old</li> <li>• Once between 11-14 years old</li> <li>• Once between 15-17 years old</li> <li>• Once between 18-21 years old</li> </ul> <p><a href="http://www.cdc.gov/ncbddd/hearingloss/recommendations.html">www.cdc.gov/ncbddd/hearingloss/recommendations.html</a></p>
NEW	<p>22. <b>Hepatitis B Virus Screening:</b> Perform risk assessment at each well visit according to recommendations per U.S. Preventive Services Task Force (USPSTF) and CDC. Evidence of serum HBsAg, along with anti-HBs, which is the most effective screening tool for HBV infection. A lack of anti-HBs identifies susceptible children who need vaccination. Children found to be HBsAg-positive should be retested 6 months later to document chronic infection. The CDC recommends:</p> <ul style="list-style-type: none"> <li>• Children born in the United States to immigrant parents from endemic areas be screened</li> <li>• Children born to HBsAg-positive mothers should be tested (generally at 1 year of age)</li> <li>• Children who live in a household with a known HBsAg-positive person(s) should be screened.</li> </ul> <p><a href="http://www.cdc.gov/hepatitis/hbv/index.htm">www.cdc.gov/hepatitis/hbv/index.htm</a>  <a href="http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm">www.cdc.gov/hepatitis/hbv/hbvfaq.htm</a></p>
NEW	<p>23. <b>Hepatitis C Virus Screening:</b> All adults 18-79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visit. Per USPSTF and CDC, test at least once between ages 18-79. Persons with an increased risk of HCV infection, including those who are persons with past and current injection drug use, should be tested for HCV infection and reassessed annually.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening</a>  <a href="http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm">www.cdc.gov/hepatitis/hcv/guidelinesc.htm</a></p>
NEW	<p>24. <b>Human Immunodeficiency Virus (HIV) Infection Screening:</b> Risk assessment shall be completed at each well-child visit starting at 11 years old. Adolescents should be tested for HIV according to the USPSTF recommendations once between the ages of 15 and 18, making every effort to preserve confidentiality. Those at increased risk including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV, reassessed annually, and offered pre-exposure prophylaxis (PrEP).  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis">www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis</a></p>
NEW	<p>25. <b>Psychosocial/ Behavioral Assessment.</b> Perform at each well visit. Should be family-centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health.  <a href="http://pediatrics.aappublications.org/content/135/2/384">pediatrics.aappublications.org/content/135/2/384</a>  <a href="https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf">https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf</a>  <a href="http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339">pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339</a>  <a href="http://www.cdc.gov/about/sdoh/index.html">www.cdc.gov/about/sdoh/index.html</a></p>
NEW	<p>26. <b>Sexually Transmitted Infections (STIs) Screening and Counseling:</b> Sexual activity shall be assessed at every well-child visit starting at 11 years of age (by report or on the SHA Q28-34, Adult SHA Q21-26). If adolescents are identified as sexually active, the provider shall offer and provide contraceptive care to help teens reduce risks and negative health consequences associated with adolescent sexual behaviors, including unintended pregnancies and STIs. Per AAP, adolescents should be screened for STIs per recommendations in the current edition of the <i>AAP Red Book: Report of the Committee on Infectious Diseases</i>. Provider shall offer and document appropriate follow-up intervention(s) for a patient whose screening reveals an STI. AAP refers to the CDC's full list (e.g., Chlamydia, gonorrhea, syphilis, herpes, trichomonas, HIV, etc.)  <a href="http://pediatrics.aappublications.org/content/134/1/e302">pediatrics.aappublications.org/content/134/1/e302</a>  <a href="http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/STI-Screening-Guidelines.aspx">www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/STI-Screening-Guidelines.aspx</a>  <a href="http://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm">www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></p>



☑	PEDIATRIC PREVENTIVE
NEW	<p>27. <b>Sudden Cardiac Arrest and Sudden Cardiac Death Screening:</b> Performed for all children (athlete or not) starting at 11 years old, screen at each well-visit and refer to a pediatric cardiologist or electrophysiologist if positive for any of the following:</p> <ul style="list-style-type: none"> <li>• Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones?</li> <li>• Have you ever had exercise-related chest pain or shortness of breath?</li> <li>• Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS</li> <li>• Are you related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM, LQTS, short QT syndrome, BrS, or CPVT, or anyone younger than 50 years with a pacemaker or implantable defibrillator?</li> </ul> <p><a href="https://publications.aap.org/pediatrics/article/148/1/e2021052044/179969/Sudden-Death-in-the-Young-Information-for-the">https://publications.aap.org/pediatrics/article/148/1/e2021052044/179969/Sudden-Death-in-the-Young-Information-for-the</a>  <a href="http://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-all-children-should-be-screened-for-potential-heart-related-issues/">www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-all-children-should-be-screened-for-potential-heart-related-issues/</a></p>
NEW	<p>28. <b>Tobacco Use Screening, Prevention, and Cessation Services</b> – Screen all children 11 years of age and older at each well-visit for tobacco product use. Tobacco products include but are not limited to smoked cigarettes, chewing tobacco, electronic cigarettes, vaping product use, and/or exposure to secondhand smoke. Provider shall document prevention and/or cessation services to potential/active tobacco users. Provider shall offer and document appropriate follow-up intervention(s). See Adolescent SHA Q19-20 or Adult SHA Q17-18.</p> <p><a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2016/APL16-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2016/APL16-014.pdf</a> (or current version)  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></p>
	<p>29. <b>Tuberculosis (TB) Screening:</b> All children are assessed for risk of exposure to TB at 1, 6, and 12 months old and annually thereafter. Provider shall offer and document appropriate follow-up intervention(s) for a patient whose screening reveals positive risk factors for TB. 2 tests that are used to detect TB bacteria in the body: the TB skin test (TST) (Mantoux) and TB blood tests QuantiFERON-TB Gold Plus. A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. TB infection screening test is administered to children identified at risk, if there has not been a test in the previous year. The Mantoux is not given if a previously positive Mantoux is documented. Documentation of a positive test includes follow-up care (e.g., further medical evaluation, chest x-ray, diagnostic laboratory studies, and/or referral to a specialist).</p> <p><a href="http://www.cdc.gov/tb/topic/testing/default.htm">www.cdc.gov/tb/topic/testing/default.htm</a>  <a href="http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf">www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf</a></p>
	<p>30. <b>Vision Screening:</b> Perform age-appropriate visual screening at each health assessment visit, with referral to an optometrist/ophthalmologist as appropriate. Per AAP, visual acuity screenings using optotypes are performed at ages 3 (if cooperative), 4, 5, 6, 8, 10, 12, and 15 years old. 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. Documentation of “PERRLA” is acceptable for children below the age of 3 years.</p> <p><a href="http://pediatrics.aappublications.org/content/137/1/e20153596">pediatrics.aappublications.org/content/137/1/e20153596</a>  <a href="https://publications.aap.org/pediatrics/article/137/1/e20153597/52806/Procedures-for-the-Evaluation-of-the-Visual-System">https://publications.aap.org/pediatrics/article/137/1/e20153597/52806/Procedures-for-the-Evaluation-of-the-Visual-System</a>  <a href="https://publications.aap.org/pediatrics/article/137/1/e20153596/52809/Visual-System-Assessment-in-Infants-Children-and">https://publications.aap.org/pediatrics/article/137/1/e20153596/52809/Visual-System-Assessment-in-Infants-Children-and</a></p>
	<p>31. <b>Childhood Immunizations:</b> Immunization status is assessed at each health assessment visit.</p> <ul style="list-style-type: none"> <li>• Immunizations are given according to the CDC’s most recent Advisory Committee on Immunization Practices (ACIP) guidelines unless medically contraindicated, vaccine shortage, or refused by the parent.</li> <li>• Vaccine administration documentation includes the name of the vaccine, manufacturer, and lot number of each vaccine given and is recorded in the medical/electronic record or on medication logs, including the immunization registry.</li> <li>• Vaccine Information Statement (VIS) documentation</li> </ul> <p><a href="http://www.cdc.gov/vaccines/acip/recommendations.html">www.cdc.gov/vaccines/acip/recommendations.html</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2018/APL18-004.pdf</a>  <a href="http://www.cdc.gov/vaccines/hcp/vis">www.cdc.gov/vaccines/hcp/vis</a></p>



☑	ADULT PREVENTIVE
NEW NEW	<p>1. <b>Initial Health Appointment (IHA)</b> must be completed within 120 days of plan enrollment or PCP effective date (whichever is more recent) or documented within the 12 months prior to Plan enrollment. IHA includes a history of the member’s physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.</p> <ul style="list-style-type: none"> <li>a. Comprehensive History and Physical (H&amp;P): The history must be comprehensive to assess and diagnose acute and chronic conditions, which includes a history of present illness; past medical history; social history; and <u>review of organ systems including dental assessment</u>. Referrals for any abnormal findings must be documented</li> <li>b. <u>Member Risk Assessment – Complete at least 1 of the following risk assessment domains: Health Information Form/Member Evaluation Tool (HIF/MET), Social Determinants of Health (SDOH), annual Cognitive Health Assessment (CHA) for members 65 years and older, or Adverse Childhood Experiences (ACEs) birth to 64 years old.</u></li> </ul> <p><a href="http://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf">www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-030.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-030.pdf</a> (or current version)  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-025.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-025.pdf</a>  <a href="http://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf">www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf</a>  <a href="http://www.cdc.gov/about/sdoh/index.html">www.cdc.gov/about/sdoh/index.html</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf</a>  <a href="https://mini-cog.com/wp-content/uploads/2022/03/Standardized-English-Mini-Cog-1-19-16-EN_v1-low-1.pdf">https://mini-cog.com/wp-content/uploads/2022/03/Standardized-English-Mini-Cog-1-19-16-EN_v1-low-1.pdf</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></p>
NEW	<p>2. <b>Subsequent Comprehensive Health Assessment:</b></p> <ul style="list-style-type: none"> <li>a. Comprehensive H&amp;P: Completed at age-appropriate frequency; and</li> <li>b. <u>Subsequent Member Risk Assessment – Completed annually or more frequently if any significant changes in health. Complete an assessment of at least 1 of the following risk assessment domains: HIF/MET, SDOH, CHA, or ACEs.</u></li> </ul>
NEW	<p>3. <b>Periodic Health Evaluation:</b> Completed according to most recent U.S. Preventive Services Task Force (USPSTF) Grade A and B recommendations.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations">www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations</a></p>
NEW	<p>4. <b>Abdominal Aneurysm Screening:</b> Assess all individuals during well-adult visits for past and current tobacco use. Men 65-75 years of age who have ever smoked (100 cigarettes in their lifetime) are screened once at the earliest well visit by ultrasonography.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening</a></p>
NEW	<p>5. <b>Alcohol Use Disorder (AUD) Screening and Behavioral Counseling:</b> Assess all adults at each well-adult visit. See Adult SHA Q19 or Senior SHA Q23. For anyone with a potential misuse problem (and/or who answered “yes” to the SHA question), the provider shall:</p> <ul style="list-style-type: none"> <li>a. Use CRAFFT, NIM-ASSIST, AUDIT/C, or other validated assessment tools</li> <li>b. Complete one expanded screening tool at least annually</li> <li>c. Offer behavioral counseling</li> <li>d. Refer to county program</li> </ul> <p><a href="https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools">https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions">www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions</a>  <a href="http://www.crafft.org">www.crafft.org</a></p>
	<p>6. <b>Breast Cancer Screening:</b> Mammogram – For women starting at 50 years of age – up to the 75<sup>th</sup> birthday, every, 1 to 2 years.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening</a></p>
	<p>7. <b>Cervical Cancer Screening.</b>        USPSTF recommends:        Women 21-29 years of age: Cervical cytology alone every 3 years.        Women 30-65 years of age:</p> <ul style="list-style-type: none"> <li>○ Every three (3) years – Cervical cytology alone;</li> <li>○ Every five (5) years with high-risk human papillomavirus (hrHPV) testing alone; or</li> <li>○ Every five (5) years with hrHPV testing in combination with cytology.</li> </ul> <p><b>PLEASE NOTE:</b> Screening is not needed for women over 65 years of age, if adequately screened before age 65; and women who have had their complete cervix removed. Documentation must be evident in the medical record.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening</a></p>

☑	ADULT PREVENTIVE
<b>NEW</b>	<p>8. <b>Colorectal Cancer Screening:</b> Starting at 45 years of age up to age 75.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening</a></p>
<b>NEW</b>	<p>9. <b>Depression Screening:</b> Screen all adults at each well visit using the Patient Health Questionnaire (PHQ) in various forms, Hospital Anxiety and Depression Scales in adults, Geriatric Depression Scale in older adults, and the Edinburgh Postnatal Depression Scale (EPDS) for pregnant and postpartum women. The SHA is not a validated screening tool. There are adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-adults">www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-adults</a></p>
<b>NEW</b>	<p>10. <b>Diabetic Screening and Comprehensive Diabetic Care:</b> Adults 35-70 years of age who are overweight or obese are screened for abnormal blood glucose by measuring HbA1c or fasting plasma glucose or with an oral glucose tolerance test. Clinicians offer/refer intensive behavioral counseling interventions to promote a healthful diet and physical activity. Patients with a diagnosis of IFG, IGT, or type 2 diabetes should be confirmed; repeated testing with the same test on a different day is the preferred method of confirmation. Patients with a diagnosis of diabetes shall have documented routine comprehensive diabetic care/screening: retinal exams, podiatry, nephrology, etc.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes">www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf</a></p>
<b>NEW</b>	<p>11. <b>Drug Use Disorder Screening and Behavioral Counseling:</b> Assess all adults at each well visit for drug misuse. If at any time the PCP identifies a potential drug use disorder (e.g., the patient answered “yes” on SHA Adult Q20 or SHA Senior Q24), the provider must complete all of the following:</p> <ul style="list-style-type: none"> <li>• Use CRAFFT, NIM-ASSIST, DAST-20, or other validated assessment tools,</li> <li>• Offer behavioral counseling,</li> <li>• Refer to county program, and</li> <li>• Complete one (1) expanded screening tool at least annually.</li> </ul> <p><a href="http://www.crafft.org">www.crafft.org</a></p>
	<p>12. <b>Dyslipidemia Screening:</b> USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke), use a low- to moderate-dose statin for the prevention of CVD events and mortality when <u>all</u> of the following criteria are met:</p> <ol style="list-style-type: none"> <li>a. Ages 40-75 years</li> <li>b. One (1) or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and</li> <li>c. A calculated 10-year risk of a cardiovascular event of 10% or greater.</li> </ol> <p>Screen universal lipids at every well visit for those with an increased risk of heart disease and at least every 6 years for healthy adults.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication</a></p>
<b>NEW</b>	<p>13. <b>Folic Acid Supplementation:</b> The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement of 0.4-0.8mg (400-800µg) of folic acid. USPSTF and WHO categorize women in the age range of 12-49 years as “women who are capable of becoming pregnant”.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication</a></p>
<b>NEW</b>	<p>14. <b>Hepatitis B Virus Screening:</b> Assess all adults for risk of acquiring Hepatitis B Virus (HBV). Perform risk assessment at each well visit (e.g., individuals born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.; Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.; U.S. born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection; HIV+, IV drug users, MSM, household contact with HBV infected individuals). Those at risk should include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg anti-HBs, and antibody to hepatitis B core antigen anti-HBc) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment. Clinicians should test all adults ages 18 years and older at least once during their lifetime using the triple panel test. Conduct routine periodic testing for people with ongoing risk factors.  <a href="http://www.cdc.gov/hepatitis/hbv/hbvfaq.htm">www.cdc.gov/hepatitis/hbv/hbvfaq.htm</a>  <a href="http://www.cdc.gov/hepatitis/hbv/index.htm">www.cdc.gov/hepatitis/hbv/index.htm</a></p>

☑	ADULT PREVENTIVE
NEW	<p>15. <b>Hepatitis C Virus Screening:</b> All adults 18-79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visit. Test at least once between ages 18-79. Persons with an increased risk of HCV infection, including those who are persons with past and current injection drug use, should be tested for HCV infection and reassessed annually. Per CDC, conduct universal testing at least once between ages 18-79, even for those without risk factors. Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those with HIV, prior recipients of transfusions or organ transplants before July 1992 or donors who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produce before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.  <a href="http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm">www.cdc.gov/hepatitis/hcv/guidelinesc.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening</a></p>
	<p>16. <b>High Blood Pressure Screening:</b> All patients including those without known hypertension.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening</a></p>
NEW	<p>17. <b>HIV Screening:</b> USPSTF recommends risk assessment be completed at each well visit for patients 65 years old and younger. Those at risk regardless of age (i.e., having intercourse without a condom or with more than one (1) sexual partner whose HIV status is unknown, IV drug users, MSM) shall be tested for HIV and offered pre-exposure prophylaxis (PrEP). Lab results are documented.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a></p>
NEW	<p>18. <b>Intimate Partner Violence (IPV) Screening for Women of Reproductive Age:</b> Perform at each well visit on asymptomatic women of reproductive age, which is defined across studies as ranging from 12 to 49 years with most research focusing on women ages 18 or older, regardless of sexual activity. Per USPSTF, the following instruments accurately detect IPV in the past year among adult women: Humiliation, Afraid, Rape, Kick (HARK); Hurt, Insult, Threaten, Scream (HITS); Extended-Hurt, Insult, Threaten, Scream (E-HITS); Partner Violence Screen (PVS); and Woman Abuse Screening Tool (WAST). SHA is an incomplete tool to screen for IPV. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse.  <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening</a></p>
NEW	<p>19. <b>Lung Cancer Screening:</b> Assess all individuals during well-adult visits for past and current tobacco use. Per USPSTF, screen annually with low-dose computed tomography for adults 50-80 years of age who have a 20-pack-year smoking history (e.g., 1 pack per day for 20 years) and currently smoke or have quit within the past 15 years. Discontinue screening if the person has not smoked for 15 years or develops a health problem that limits life expectancy or ability or willingness to have curative lung surgery.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening</a></p>
NEW	<p>20. <b>Obesity Screening and Counseling:</b> USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults (BMI 30 or above). Document BMI and weight.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions</a></p>
NEW	<p>21. <b>Osteoporosis Screening:</b> Assess all postmenopausal women during well-adult visits for risk of osteoporosis. USPSTF recommends screening with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, or who have at least 1 risk factor, as determined by a formal clinical risk assessment tool: parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight. USPSTF recommends screening with bone measurement testing in women 65 years and older.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening</a></p>

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NEW NEW NEW	<p>22. <b>Sexually Transmitted Infection (STI) Screening and Counseling:</b> Assess all individuals during well-adult visits for risk of STI. See Adult SHA Q22-26 or Senior SHA Q25-28. Intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on the use of appropriate protection and lifestyle.</p> <ol style="list-style-type: none"> <li>Chlamydia and gonorrhea: Test all sexually active women under 25 years of age and older women who have new or multiple sex partners; test MSM regardless of condom use or persons with HIV shall be tested at least annually.</li> <li><u>Syphilis</u>: MSM or persons with HIV shall be tested at least annually.</li> <li><u>Trichomonas</u>: Test sexually active women seeking care for vaginal discharge, women who are IV drug users, exchanging sex for payment, HIV+, have a history of STD, etc.</li> <li><u>Herpes</u>: Men and women requesting STI evaluation who have multiple sex partners shall be tested, those HIV+, and MSM with undiagnosed genital tract infection.</li> </ol> <p><a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling">www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling</a>  <a href="http://www.cdc.gov/std/prevention/screeningreccs.htm">www.cdc.gov/std/prevention/screeningreccs.htm</a></p>
NEW	<p>23. <b>Skin Cancer Behavioral Counseling:</b> USPSTF recommends that young adults 24 years of age and younger, should be counseled to minimize exposure to Ultraviolet (UV) radiation to reduce their risk of skin cancer.</p> <p><a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling">www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling</a></p>
NEW	<p>24. <b>Tobacco Use Screening, Counseling, and Interventions:</b> Assess all individuals during well-adult visits for tobacco use and document prevention and/or counseling services to potential/active tobacco users. See SHA Adult SHA Q17 or Senior SHA Q21. If the PCP identifies tobacco use, per USPSTF, document any combination of the following since not all may apply especially to pregnant tobacco users: tobacco cessation services, behavioral counseling, and/or pharmacotherapy. Per APL 16-014 the following must be in the patient’s medical record:</p> <ol style="list-style-type: none"> <li>FDA-approved tobacco cessation medications (for non-pregnant adults of any age).</li> <li>Individual, group, and telephone counseling for members of any age who use tobacco products</li> <li>Services for pregnant tobacco users.</li> </ol> <p><a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf</a></p>
	<p>25. <b>Tuberculosis (TB) Screening:</b> Adults are assessed for TB risk factors or symptomatic assessments upon enrollment and at periodic physical evaluations. The Mantoux skin test, or other approved TB infection screening test, is administered to all asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they had not had a test in the previous year. Adults already known to have HIV or who are significantly immunosuppressed require annual TB testing. The Mantoux is not given if a previously positive Mantoux is documented. Documentation of a positive test includes follow-up care (e.g., further medical evaluation, chest x-ray, diagnostic laboratory studies, and/or referral to a specialist).</p> <p><a href="http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf">www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening</a>  <a href="http://www.cdc.gov/tb/publications">www.cdc.gov/tb/publications</a></p>
NEW NEW	<p>26. <b>Adult Immunizations:</b> Immunization status is assessed at periodic health evaluations. Practitioners are required to ensure the provision of immunizations according to CDC’s Advisory Committee on Immunization Practices (ACIP) guidelines, unless medically contraindicated or refused by the member. Vaccination status must be assessed for the following:</p> <ul style="list-style-type: none"> <li>Td/Tdap (every 10 years)</li> <li>Flu (annually)</li> <li>Pneumococcal (ages 65 and older; or anyone with underlying conditions)</li> <li><u>Zoster (starting at age 50)</u></li> <li><u>Varicella and measles, mumps, and rubella (MMR): Documented evidence of immunity (i.e. titers, childhood acquired infection) in the medical record meets the criteria for varicella and MMR.</u></li> </ul> <p>The name of the vaccines and the date the member received the vaccines must be documented as part of the assessment.</p> <p><b>Vaccine Administration Documentation:</b> Name of vaccine, manufacturer, and lot number of each vaccine given is recorded in the medical/electronic record or on medication logs, including immunization registries.</p> <p><b>Vaccine Information Statement (VIS) Documentation:</b> The date the VIS was given (or presented and offered), and the VIS publication date are documented in the medical record.</p> <p><a href="http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>  <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf">www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf</a>  <a href="http://www.cdc.gov/vaccines/hcp/vis">www.cdc.gov/vaccines/hcp/vis</a></p>

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	1. Initial Comprehensive Prenatal Assessment (ICA): Completed within 4 weeks of entry to prenatal care. <a href="http://custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/8a01c5b0dd744c0aa06f0dece9dec3f1.pdf">custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/8a01c5b0dd744c0aa06f0dece9dec3f1.pdf</a>
	2. Obstetrical and Medical History <a href="http://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c">www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c</a>
	3. Physical Exam: Includes breast, pelvic exam, and calculation of the estimated date of delivery.
<b>NEW</b>	4. Dental Assessment <a href="http://www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2013/08/Oral%20Health%20Care%20During%20Pregnancy%20and%20Through%20the%20Lifespan">www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2013/08/Oral%20Health%20Care%20During%20Pregnancy%20and%20Through%20the%20Lifespan</a>
<b>NEW</b>	5. Healthy weight gain and behavioral counseling. <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-weight-and-weight-gain-during-pregnancy-behavioral-counseling-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-weight-and-weight-gain-during-pregnancy-behavioral-counseling-interventions</a>
<b>NEW</b>	6. Lab Tests: <ul style="list-style-type: none"> <li>a. <u>Bacteriuria Screening</u> – 12 to 16 weeks gestation or at 1<sup>st</sup> prenatal visit, if later.  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/asymptomatic-bacteriuria-in-adults-screening">www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/asymptomatic-bacteriuria-in-adults-screening</a></li> <li>b. Rh Incompatibility Screening – 24 to 28 weeks  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/rh-d-incompatibility-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/rh-d-incompatibility-screening</a></li> <li>c. <u>Diabetes Screening</u> after 24 weeks  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening</a></li> <li>d. <u>Hepatitis B Virus Screening</u> – First trimester or prenatal visit, whichever comes first  <a href="http://www.cdc.gov/hepatitis/hbv/index.htm">www.cdc.gov/hepatitis/hbv/index.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-in-pregnant-women-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-in-pregnant-women-screening</a></li> <li>e. <u>Hepatitis C Virus Screening</u>  <a href="http://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/05/routine-hepatitis-c-virus-screening-in-pregnant-individuals">www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/05/routine-hepatitis-c-virus-screening-in-pregnant-individuals</a>  <a href="http://www.cdc.gov/knowmorehepatitis/hcp/Test-For-HepC-During-Pregnancy.htm">www.cdc.gov/knowmorehepatitis/hcp/Test-For-HepC-During-Pregnancy.htm</a></li> <li>f. <u>Chlamydia Infection Screening</u> under 25 years old and older women with increased risk at first prenatal visit. Those with chlamydial infection should have a test-of-cure four weeks after treatment and retested within 3 months. Women under 25 years of age or at risk are retested during the 3<sup>rd</sup> trimester.  <a href="http://www.cdc.gov/std/chlamydia/">www.cdc.gov/std/chlamydia/</a>  <a href="http://www.cdc.gov/std/prevention/screeningreccs.htm">www.cdc.gov/std/prevention/screeningreccs.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening">www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening</a></li> <li>g. <u>Syphilis Infection Screening</u> – 1<sup>st</sup> prenatal visit  <a href="http://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm">www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening</a></li> <li>h. <u>Gonorrhea Infection Screening</u> - 25 years old and older women with increased risk at 1<sup>st</sup> prenatal visit  <a href="http://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm">www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening">www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening</a></li> <li>i. <u>HIV Screening</u>  <a href="http://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx">www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a></li> </ul>



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<p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p>	<p>7. First Trimester Comprehensive Assessment:</p> <ul style="list-style-type: none"> <li>a. Individualized Care Plan (ICP)</li> <li>b. Nutrition Assessment</li> <li>c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment</u>, <u>substance use disorder assessment</u></li> <li>d. <u>Breastfeeding</u> and other health education assessments</li> <li>e. <u>Preeclampsia Screening</u></li> <li>f. <u>Intimate Partner Violence Screening</u></li> </ul> <p><a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf</a>  <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication</a></p>
<p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p>	<p>8. Second Trimester Comprehensive Reassessment</p> <ul style="list-style-type: none"> <li>a. Individualized Care Plan (ICP) updated and follow-up</li> <li>b. Nutrition Assessment</li> <li>c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment</u>, <u>substance use disorder assessment</u></li> <li>d. <u>Breastfeeding</u> and other health education assessment</li> <li>e. <u>Preeclampsia Screening</u> <ul style="list-style-type: none"> <li>o <u>Low Dose Aspirin</u></li> </ul> </li> <li>f. <u>Intimate Partner Violence Screening</u></li> <li>g. <u>Diabetes Screening</u></li> </ul> <p><a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf</a>  <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a>  <a href="http://www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf">www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication</a>  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening</a></p>
<p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p> <p><b>NEW</b></p>	<p>9. Third Trimester Comprehensive Reassessment</p> <ul style="list-style-type: none"> <li>a. Individualized Care Plan (ICP) updated and follow-up</li> <li>b. Nutrition Assessment</li> <li>c. Psychosocial Assessment: Maternal mental health screening, <u>social needs assessment</u>, <u>substance use/abuse assessment</u></li> <li>d. Health Education</li> <li>e. <u>Preeclampsia Screening</u> <ul style="list-style-type: none"> <li>o <u>Low Dose Aspirin</u></li> </ul> </li> <li>f. <u>Intimate Partner Violence Screening</u></li> <li>g. <u>Diabetic Screening</u></li> <li>h. Screening for Strep B</li> <li>i. <u>Screening for Syphilis</u> – High risk are retested between 28 to 32 weeks</li> <li>j. <u>Tdap Immunization</u></li> </ul> <p><a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</a>  <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Title22CPSPRegulations.pdf</a></p>

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	<a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf</a> <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html">www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html</a> <a href="http://www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf">www.ncqa.org/wp-content/uploads/2019/02/20190208_08_Perinatal_Depression.pdf</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions">www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication">www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/gestational-diabetes-screening</a> <a href="http://www.acog.org/womens-health/faqs/group-b-strep-and-pregnancy">www.acog.org/womens-health/faqs/group-b-strep-and-pregnancy</a> <a href="http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/prevention-of-group-b-streptococcal-early-onset-disease-in-newborns?utm_source=vanity&amp;utm_medium=web&amp;utm_campaign=clinical">www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/prevention-of-group-b-streptococcal-early-onset-disease-in-newborns?utm_source=vanity&amp;utm_medium=web&amp;utm_campaign=clinical</a> <a href="http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CS_Eval_Management_pregnant%20women.pdf">www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CS_Eval_Management_pregnant%20women.pdf</a> <a href="http://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html">www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html</a>
	10. Prenatal care visit periodicity according to most recent ACOG standards. If the recommended ACOG schedule is not met, documentation shows missed appointments, attempts to contact member, and/or outreach activities. <a href="http://www.acog.org/clinical">www.acog.org/clinical</a>
NEW	11. Influenza Vaccine <a href="http://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html">www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html</a> <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/rec-vac-preg.html">www.cdc.gov/vaccines/hcp/acip-recs/rec-vac-preg.html</a> <a href="http://www.cdc.gov/flu/highrisk/pregnant.htm">www.cdc.gov/flu/highrisk/pregnant.htm</a>
NEW	12. COVID Vaccine <a href="http://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care">www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care</a>
	13. Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and assessment of infant feeding status. <a href="http://www.myfamily.wic.ca.gov">www.myfamily.wic.ca.gov</a>
	14. HIV-related services offered. Repeat testing in the third trimester for high risk of acquiring HIV infection, and women who declined testing earlier in pregnancy. <a href="http://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm">www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm</a> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening">www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening</a>
	15. AFP/genetic screening offered.
	16. Family planning evaluation.
NEW NEW NEW	17. Comprehensive Postpartum Assessments a. <u>Individualized Care Plan (ICP)</u> b. Nutrition Assessment (includes mother and infant) c. Psychosocial Assessment: Maternal mental health screening/postpartum depression screening, <u>social needs assessment, substance use disorder assessment</u> d. Breastfeeding and other health education e. Comprehensive physical exam completed and <u>within 12 weeks after delivery</u> <a href="http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care">www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care</a> <a href="http://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-PostpartumAssessmentandCarePlan.pdf">www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-PostpartumAssessmentandCarePlan.pdf</a>