

**Facility Site Review and Medical Record Review
Preparation Checklist**

This communication applies to the Medicaid and Medicare-Medicaid Plan (MMP) programs.

Use this Facility Site Review (FSR) and Medical Record Review (MRR) preparation checklist to conduct an internal review of your practice to determine readiness for your upcoming FSR and/or MRR survey. You may reference the most current *California Department of Health Care Services (DHCS) Site Review and MRR Survey Standards*, the American Academy of Pediatrics (AAP), the U.S. Preventive Services Task Force (USPSTF), and other governing entity website links and health plan resources provided as embedded links (in blue) in the checklist below for more information. Reviewing the standards in the checklist (including directions/instructions, rules, regulation parameters, and/or indicators) prior to the FSR and MRR may improve and expedite the survey experience. Not all standards will be applicable to your location.

All critical element criteria are *bolded and italicized*. Critical elements are related to potential adverse effects on patient health or safety and have a weighted score of two points. Each critical element found deficient during a full scope site survey, focused survey or monitoring visit shall be corrected by the provider within 10 business days from the survey date. All other criteria have a weighted score of one point and shall be corrected by the provider within 30 calendar days from the survey report date.

Please mark each criteria as “Yes” if your site complies with the requirement, or as “No” if your site does not comply. For each criteria marked as “No,” you are encouraged to begin corrective actions prior to your actual survey. Before or at the start of your site visit, it would be useful for you to contact/inform your reviewer to discuss any non-compliant criteria.

We appreciate your cooperation and partnership in completing a successful review.

Facility Site Review				
Access/Safety		Yes	No	Comments:
1.	Clearly marked (blue) curb or sign designating disabled-parking space near accessible primary entrance			
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 wheelchair 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 site staff has received safety training and knows where to locate established Clinic Policies and Procedures on the following: <ul style="list-style-type: none"> a. Fire safety and prevention b. Emergency nonmedical procedures (e.g., earthquake/disaster, site evacuation, workplace violence) 			
11.	Lighting is adequate in all areas to ensure safety			

Access/Safety	Yes	No	Comments:
12. Exit doors and aisles are unobstructed and egress (escape) accessible https://www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.37			
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. Fire-fighting equipment in accessible location https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157			
17. An employee alarm system utilized onsite with back-up method to warn employees of a fire or other emergency shall be documented. For sites with 10 or fewer employees, direct verbal communication is acceptable and does not need a back-up system https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37			
18. Personnel are trained in procedures/action plan to be carried out in case of a medical emergency on site. There is evidence that site staff has received training and knows where to locate established Clinic Policies and Procedures.			
19. Emergency equipment is stored together in easily accessible location and is ready to be used			
20. Emergency phone number contact list is posted, dated, updated annually and as changes occur, and includes local emergency services (e.g., fire, police/sheriff, ambulance), emergency contacts (e.g., responsible managers/supervisors), and appropriate state, county, city, and local agencies (e.g., local poison control)			
21. Airway management equipment with sizes appropriate for patient population: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag			
22. Emergency medicine for anaphylactic reaction management, opioid overdose, asthma, chest pain, and hypoglycemia: Epinephrine 1:1000 (injectable), and Benadryl 25 mg (oral) or Benadryl 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg (at least four tablets), nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), glucose containing at least 15 grams, appropriate sizes of ESIP needles/syringes (25g 3/4" or 26-27g 1/2") and alcohol wipes https://www.aafp.org/afp/2007/0601/p1679.html			
23. Medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications			
24. There is a process in place on site to document checking of emergency equipment/supplies for expiration and operating status at least monthly			
25. There is a process in place on site to replace/re-stock emergency medication, equipment and supplies <i>immediately</i> after use			
26. Medical equipment is clean			
27. Written documentation demonstrates the appropriate maintenance of all medical equipment according to equipment manufacturer's guidelines			

Personnel	Yes	No	Comments:
1. All required professional licenses and certifications issued from the appropriate licensing/certification agency are current			
2. Notification that includes a QR code is provided to each member that the Medical Doctor(s) (MD) is/are licensed and regulated by the Medical Board, and that the Physician Assistant(s) is/are licensed and regulated by the Physician Assistant Committee www.mbc.ca.gov and http://www.pab.ca.gov			
3. Healthcare personnel wear identification badges/tags printed with name and title			
4. Documentation of education/training for non-licensed medical personnel is maintained on site. For facilities that have Pediatric patients (under 21 years old) obtain evidence of completed training (valid for 4 years) in audiometric screening, vision screening, anthropometric measurements (including BMI %), and dental screening/fluoride varnish application. Training (ca.gov)			
5. Only qualified/trained personnel retrieve, prepare, or administer medications Medical Assistants Medical Board of California			
6. Site has a procedure in place for confirming correct patient, medication/vaccine, dosage, and route prior to administration			
7. Only qualified/trained personnel operate medical equipment Medical Assistants Medical Board of California			
8. Scope of practice for non-physician medical practitioners (NPMPs) is clearly defined including the delegation of the supervision of Medical Assistants when supervising physician is off premises: <ul style="list-style-type: none"> a. Standardized procedures provided for nurse practitioners (NPs) and/or certified nurse midwives (CNMs) https://www.mn.ca.gov/pdfs/regulations/npr-b-03.pdf https://www.mn.ca.gov/pdfs/regulations/npr-b-20.pdf b. A <u>Practice Agreement</u> defines the scope of services provided by physician assistants (PAs) and supervisory guidelines define the method of supervision by the supervising physician http://www.pab.ca.gov https://www.pab.ca.gov/forms_pubs/sb697faq.pdf c. Standardized procedures, <u>Practice Agreements</u>, and supervisory guidelines are revised, updated, and signed by the supervising physician and NPMP when changes in scope of services occur. Frequency of review to identify changes in scope of service shall be specified in writing. d. Each NPMP that prescribes controlled substances has a valid DEA registration number. 			
9. NPMPs are supervised according to established standards: <ul style="list-style-type: none"> a. The ratio of supervising physician to the number of NPMPs does not exceed established ratios in any combination at any given time/shift in <ul style="list-style-type: none"> • 1:4 NPs • 1:4 CNMs • 1:4 PAs (per shift in any given location) b. The designated supervising or back-up physician is available in person or by electronic communication at all times when a NPMP is caring for patients c. There is evidence of NPMP supervision. 			

<p>10. There is evidence that site staff has received training and knows where to locate established Clinic Policies and Procedures on the</p> <ul style="list-style-type: none"> a. Infection Control/Universal Precautions (annually) b. Bloodborne Pathogens Exposure Prevention (annually) c. Biohazardous Waste Handling (annually) d. Patient Confidentiality e. Informed Consent, including Human Sterilization f. Prior Authorization Requests g. Grievance/Complaint Procedure h. Child/Elder/Domestic Violence Abuse i. Sensitive Services/Minors' Rights j. Health Plan Referral Process/Procedures/Resources k. Cultural and Linguistics <p>https://www.health.pa.gov/topics/Documents/Health%20Equity/CLAS%20Standards%20FactSheet.pdf</p> <ul style="list-style-type: none"> l. Disability Rights and Provider Obligations: <ul style="list-style-type: none"> a. Post notice of consumers civil rights; b. For sites with 15 or more employees, have civil rights, procedure and an employee designated to coordinate compliance; and c. Information on physical access and reasonable accommodations <p>https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faq/index.html#General%20Questions</p>			
--	--	--	--

Office Management		Yes	No	Comments:
1.	Clinic office hours are posted or readily available upon request			
2.	Provider office hour schedules are available to staff			
3.	Arrangement/schedule for after-hours, on-call, supervisory back-up physician coverage is available to site staff and members			
4.	Contact information for off-site physician(s) is available at all times during office hours			
5.	Routine, urgent, and after-hours emergency care instructions/telephone information is made available to patients			
6.	Appropriate personnel handle emergent, urgent, and medical advice telephone calls			
7.	Telephone answering machine, voice mail system or answering service is used whenever office staff does not directly answer phone calls			
8.	Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated			
9.	Appointments are scheduled according to patients' stated clinical needs within the timeliness standards established for plan members			
10.	Patients are notified of scheduled routine and/or preventive screening appointments			
11.	There is a process in place verifying follow-up on missed and canceled appointments			
12.	Interpreter services are made available 24 hours in identified threshold languages specified for location of site			
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. A written policy shall be in place.			
14.	Office practice procedures allow timely provision and tracking of: <ul style="list-style-type: none"> a. Processing internal and external referrals, consultant reports, and diagnostic test results. b. Physician review and follow-up of referral/consultation reports 			

15.	Phone number(s) for filing grievances/complaints are located on site			
16.	Complaint forms and a copy of the grievance procedure are available onsite.			
17.	Medical records are readily retrievable for scheduled patient encounters.			
18.	Medical documents are filed in a timely manner to ensure availability for patient			
19.	Exam rooms and dressing areas safeguard patients' right to privacy.			
20.	Procedures are followed to maintain the confidentiality of personal patient information (sign-in sheets with only one patient identifier, signed confidentiality agreement from after-hours cleaning crew, etc.).			
21.	Medical record release procedures are compliant with state and federal guidelines.			
22.	Storage and transmittal of medical records preserves confidentiality and security.			
23.	Medical records are retained for a minimum of 10 years for both adults and pediatric medical records.			

Clinical Services		Yes	No	Comments:
1.	Drugs are stored in specifically designated cupboards, cabinets, closets, or drawers			
2.	Prescription, drug samples, over-the-counter drugs, hypodermic needles/syringes, all medical sharp instruments, hazardous substances (disinfectant solutions/wipes), 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 cabinet accessible only to authorized personnel.			
4.	A dose-by-dose controlled substance distribution log is maintained.			
5.	Written site-specific policy/procedure for dispensing of sample drugs are available on site. (A list of dispensed and administered medications shall be present on site).			
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.			
8.	Items other than medications in refrigerator/freezer are kept in a secured, separate compartment from drugs.			
9.	Refrigerator thermometer temperature is 36° to 46° Fahrenheit or 2° to 8° Centigrade (at time of site visit).			
10.	Freezer thermometer temperature is 5° Fahrenheit, or -15° Centigrade or lower (at time of site visit).			
11.	Site utilizes drugs/vaccine storage units that are able to maintain required temperature. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf			
12.	Daily temperature readings of drugs/vaccines refrigerator and freezer are documented. CDC recommends use of a continuous temperature monitoring device or digital data loggers (DDLs). Back-up DDL(s) for each transport storage unit shall be readily available for emergency vaccine transport or when primary DDL(s) is sent in for calibration.			

Clinical Services		Yes	No	Comments:
13.	Has a written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer https://eziz.org/assets/docs/IMM-1122.pdf			
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 expiration date of all drugs (including vaccines and samples), and infant and therapeutic formulas			
19.	All stored and dispensed prescription drugs are appropriately labeled			
20.	Only lawfully authorized persons dispense drugs to patients			
21.	Drugs and vaccines are prepared and drawn only prior to administration			
22.	Current Vaccine Information Sheets (VIS) for distribution to patients are present on site. https://www.cdc.gov/vaccines/hcp/vis/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fpubs%2Fvis%2Fdefault.htm https://eziz.org/			
23.	If there is a pharmacy on site, it is licensed by the California State Board of Pharmacy			
24.	Site utilizes California Immunization Registry (CAIR) or most current version			
25.	Laboratory test procedures are performed according to current site-specific CLIA certificate Clinical Laboratory Improvement Amendments (CLIA) CMS			
26.	Testing personnel performing clinical lab procedures have been trained			
27.	Lab supplies (vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons.			
28.	Lab test supplies are not expired.			
29.	Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.			
30.	Site has current California Radiologic Health Branch Inspection Report (in the last 5 years) and proof of registration if there is radiological equipment on site https://www.cdph.ca.gov/rhb			
31.	The following documents are posted on site: <ul style="list-style-type: none"> a. Current copy of <i>Title 17</i> with a posted notice about availability of <i>Title 17</i> and its location b. Radiation Safety Operating Procedures posted in highly visible location c. Notice to Employees Poster posted in highly visible location d. Caution, X-ray sign posted on or next to door of each room that has X- ray equipment e. Physician supervisor/operator certificate posted and within current expiration date f. Technologist certificate posted and within current expiration date 			

32.	The following radiological protective equipment is present on site: <ol style="list-style-type: none"> a. Operator protection devices: radiological equipment operator must use lead apron or lead shield b. Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam 			
-----	--	--	--	--

Preventive Services		Yes	No	Comments:
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 <i>appropriate for patient population</i> (e.g., neonatal, infant, small, regular, large, and extra large/thigh sizes)			
4.	Thermometer with a numeric reading			
5.	Basic exam equipment: percussion hammer, tongue blades, patient gowns			
6.	Scales: standing balance beam and/or infant scales			
7.	Measuring devices for stature (height/length) measurement and head circumference measurement			
8.	<p>Eye charts (literate and illiterate) and occluder for vision testing are available on site. 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 center of 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 an occlusive patch of the eye not being tested, is important to eliminate the possibility of peeking.</p> <p>The AAP recommended eye charts are as follows:</p> <ul style="list-style-type: none"> • LEA symbols (children 3 to 5 years old) • HOTV chart (children 3 to 5 years old) • Sloan letters (preferred) or Snellen letters (children over 5 years old and adults) 			
9.	Ophthalmoscope			
10.	Otoscope with adult and pediatric ear speculums			
11.	A pure tone, air conduction audiometer is in a quiet location for testing.			
12.	Health education materials and plan-specific resource information are: <ol style="list-style-type: none"> a. Readily accessible on site or are made available upon request b. Applicable to the practice and population served on site c. Available in threshold languages identified for county and/or area of site location 			

Infection Control		Yes	No	Comments:
1.	Soap or antiseptic hand cleaner and running water are available in exam and/or treatment areas for hand washing.			
2.	A waste disposal container is available in exam rooms, procedure/treatment rooms, and restrooms.			
3.	Site has procedure for effectively isolating infectious patients with potential communicable conditions.			
4.	Personal protective equipment for standard precautions is readily available for staff use (e.g., gloves, water-repelling gowns, face/eye protection including goggles/face shields and masks)			
5.	Blood, other potentially infectious materials, and regulated wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing, storage, transport, or shipping.			
6.	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.			
8.	Contaminated laundry is laundered at the workplace or by a commercial laundry service.			
9.	Biohazardous (non-sharp) wastes are contained separate from other trash/waste.			
10.	Storage areas for regulated medical wastes are maintained secure and inaccessible to unauthorized persons.			
11.	Transportation of regulated medical wastes is only by a registered hazardous waste hauler or to a central location of accumulation in limited quantities (up to 35.2 pounds).			
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 is completed according to site-specific written schedule.			
14.	Disinfectant solutions used on site: <ul style="list-style-type: none"> a. Are approved by the Environmental Protection Agency (EPA). b. Are effective in killing HIV/HBV/TB. c. Follow manufacturer instructions. 			
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 the following procedures: <ul style="list-style-type: none"> a. Cleaning reusable instruments/equipment prior to sterilization 			
17.	Cold chemical sterilization/high level disinfection: <ul style="list-style-type: none"> a. Confirmation from manufacturer item(s) is/are heat-sensitive b. Staff demonstration /verbalize necessary steps/process to c. Appropriate PPE is available, exposure control plan and clean instructions in the event of a cold chemical sterilant spill — solution's MSDS shall be available on site 			
18.	Autoclave/steam sterilization: <ul style="list-style-type: none"> a. Staff demonstration/verbalize necessary steps/process to ensure sterility. Documentation of sterilization loads include date, time, and duration of run cycle, temperature, steam pressure, and operator of each run b. Autoclave maintenance per manufacturer's guidelines c. Spore testing of autoclave/steam sterilizer with documented results (at least monthly) d. Management of positive mechanical, chemical, and/or biological indicators of the sterilization process 			

Infection Control		Yes	No	Comments:
19.	Sterilized packages are labeled with sterilization date and load identification information			
20.	Storage areas for sterilized packages are clean, dry, and separated from non-sterile items by a functional barrier. Site has a process for routine evaluation of sterilized packages.			
Medical Record Review				
Format		Yes	No	Comments:
1.	Member identification is on each page.			
2.	Individual personal biographical information is documented.			
3.	Emergency contact is identified; minor's primary emergency contact must be parent/legal guardian.			
4.	Medical records on-site are maintained and organized.			
5.	Member's assigned and/or rendering primary care physician (PCP) is identified.			
6.	Primary language and linguistic service needs of non- or limited-English proficient (LEP), or hearing/speech-impaired persons are prominently noted.			
7.	Person or entity providing medical interpretation is identified.			
8.	Signed copy of the Notice of Privacy https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html			
Documentation		Yes	No	Comments:
1.	Allergies and reactions to allergies are prominently noted.			
2.	Chronic problems and/or significant conditions are listed.			
3.	Current continuous medications are listed.			
4.	Appropriate consents are present: a. Release of medical records b. Informed consent for invasive procedures			
5.	Advanced Health Care Directive information is offered (reviewed at least every five years)			
6.	All entries are signed, dated and legible.			
7.	Errors are corrected according to legal medical documentation standards.			
Coordination/continuity of Care		Yes	No	Comments:
1.	History of present illness or reason for 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.			
5.	Unresolved/continuing problems are addressed in subsequent visit(s).			
6.	There is evidence of practitioner review of consult/referral reports and diagnostic test results.			
7.	There is evidence of follow-up of specialty referrals made and results/reports of diagnostic tests, when appropriate.			
8.	Missed primary care appointments and outreach efforts/follow-up contacts are documented.			

Adult Preventive Care		Yes	No	Comments:
1.	<p>Initial Health Assessment (IHA):</p> <p>a. Comprehensive history and physical exam to be completed within 120 days of enrollment (PCP effective date) or within 12 months prior to enrollment (including review of systems, complete physical exam of head-to-toe assessment to include dental assessment)</p> <p>b. Member Risk Assessment: Complete at least one (1) of the following risk assessment domains within 120 days of enrollment (PCP effective date) or within 12 months prior to enrollment: Adverse Childhood Experiences (ACEs), Cognitive Health Assessment (CHA) for seniors 65 years and older, Health Information Form/Member Evaluation Tool (HIF/MET), or Social Determinants of Health (SDOH).</p>			
2.	<p>Periodic Health Evaluation according to most current USPSTF guidelines</p> <p>a. Comprehensive history and physical exam completed at age-appropriate frequency (include review of systems, complete physical exam of head-to-toe assessment to include dental assessment)</p> <p>b. Subsequent Risk Assessment: Complete at least one (1) of the following risk assessment domains annually: ACEs, CHA (for seniors 65 years and older), HIF/MET, or SDOH.</p>			
3.	<p>Abdominal Aneurysm Screening: Assess all patients during well-adult visits for past and current tobacco use. Men ages 65 to 75 years who have ever smoked at least 100 cigarettes in their lifetime shall be screened once by ultrasonography)</p> <p>https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening</p>			
4.	<p>Alcohol Use Disorder (AUD) Screening and Behavioral Counseling: all adults at each well-adult visit for AUD utilizing a validated assessment tool</p> <ol style="list-style-type: none"> 1) Use CRAFFT, NIM-ASSIST, AUDIT/C or other validated assessment tools; 2) Offer behavioral counseling; 3) Refer to county program; and 4) Complete one expanded screening tool at least annually. 			
5.	<p>Breast Cancer Screening: Perform a mammogram for women 50 to 75 years old, every 1 to 2 years.</p> <p>https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening</p>			

Adult Preventive Care	Yes	No	Comments:
<p>6. Cervical Cancer Screening: The USPSTF recommends screening for cervical cancer every three years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus hrHPV testing alone, or every 5 years with hrHPV testing in combination with cytology co-testing. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening</p>			
<p>7. Colorectal Cancer Screening: Perform on adults 45 to 75 years old. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening</p>			
<p>8. Depression Screening: Per USPSTF, screen all adults at each well visit regardless of risk factors using PHQ-2, PHQ-9, or other validated screening tools. Screening should be implemented at each well visit with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening</p>			
<p>9. Diabetic Screening and Comprehensive Diabetic Care: Adults ages 35 to 70 who are overweight or obese should receive a screen for type II diabetes at each well visit. Glucose abnormalities can be detected by measuring HbA1c or fasting plasma glucose or with an oral glucose tolerance test. Offer or refer patients with glucose abnormalities to intensive behavioral counseling interventions to promote a healthful diet and physical activity. Patients with the diagnosis of IFG, IGT, or type 2 diabetes should be confirmed; repeat testing with the same test on a different day is the preferred method of confirmation. Patients with a diagnosis of diabetes, shall have documented evidence of routine comprehensive diabetic care/screening: retinal exams, podiatry, nephrology etc. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screen-for-prediabetes-and-type-2-diabetes</p>			
<p>10. Drug Use Disorder Screening and Behavioral Counseling: Assess all adult patients at each well visit for drug misuse utilizing a validated assessment tool</p> <ol style="list-style-type: none"> 1) Use CRAFFT, NIM-ASSIST, or other validated assessment tools; 2) Offer behavioral counseling. 3) Refer to county program; and 4) Complete one expanded screening tool at least annually. 			
<p>11. Dyslipidemia Screening/Statin Use: USPSTF recommends that adults without history of cardiovascular disease (CVD) (e.g., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all the following criteria are met:</p> <ol style="list-style-type: none"> a. Ages 40 to 75 years b. One or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); c. A calculated 10-year risk of a cardiovascular event of 10% or greater <p>Screen universal lipids at every well-visit for those with increased risk of heart disease and at least every 6 years for healthy adults.</p>			

Adult Preventive Care		Yes	No	Comments:
12.	<p>Folic Acid Supplementation: The USPSTF recommends that all women who are planning or capable of pregnancy (under 50 years old) take a daily supplement containing 0.4 to 0.8 mg (400 to 800 ug) of folic acid</p> <p><u>Recommendation: Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</u></p>			
13.	<p>Hepatitis B Virus Screening: 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.; 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 receive vaccination, counseling, and linkage to care and treatment. Clinicians should <u>test all adults ages 18 years and older, even those without the above risk factors for HBV infection at least once during their lifetime</u> using the triple panel test. Conduct routine periodic testing for people with ongoing risk factors.</p> <p><u>https://www.cdc.gov/hepatitis-b/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm</u></p>			
14.	<p>Hepatitis C Virus Screening: All adults 18 to 79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visits. Per CDC, <u>test at least once between ages 18 to 79, even for those without risk factors.</u> Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually. Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those receiving long term hemodialysis, those with HIV, prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produced 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.</p> <p><u>https://www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/?CDC_AAref_Val=https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm</u></p>			
15.	<p>High Blood Pressure Screening: Screen at each well visit.</p> <p><u>https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening</u></p>			
16.	<p>HIV Screening: USPSTF recommends risk assessment shall be completed at each well visit for patients 65 years old and younger. Those at high risk (i.e., having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, IV drug users, MSM) regardless of age shall be tested for HIV and offered pre-exposure prophylaxis (PrEP). Lab results are documented.</p> <p><u>Recommendation: Prevention of Acquisition of HIV: Preexposure Prophylaxis United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</u></p>			
17.	<p>Intimate Partner Violence (IPV) Screening: Perform at each well visit for patients of reproductive age, regardless of sexual activity, using screening tools such as 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). Reproductive age is defined across studies as ranging from 12 to 49 years, with most research focusing on women age 18 years or older. IPV describes physical, sexual, or psychological harm by a current or former partner or spouse. Provide or refer those who screen positive to ongoing support services.</p> <p><u>Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</u></p>			

Adult Preventive Care	Yes	No	Comments:
<p>18. Lung Cancer Screening: Assess all individuals during well adult visits for past and current tobacco use. Adults ages 50 to 80 years who have a 20-pack-year smoking history (e.g., 1 pack per day for 20 years or 2 packs per day for 10 years) and currently smoke or have quit within the past 15 years, shall be screened annually with low-dose computed tomography. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening</p>			
<p>19. Obesity Screening and Counseling: Document weight and BMI at each well visit. The 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 greater). Recommendation: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</p>			
<p>20. Osteoporosis Screening: Assess all postmenopausal women during well adult visits for risk of osteoporosis. USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and in women younger than 65 with one of the following risk factors: parental history of hip fracture, smoking, excessive alcohol consumption, or low body weight. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/osteoporosis-screening</p>			
<p>21. Sexually Transmitted Infection (STI) Screening and Counseling: Assess all individuals at each well visit for risk of STI and test those at risk and offer testing and perform intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle:</p> <ol style="list-style-type: none"> Chlamydia and gonorrhea: Test all sexually active women under 25 years old and older women who have new or multiple sex partners. Test MSM regardless of condom use and persons with HIV at least annually. Syphilis: Test MSM regardless of condom use and persons with HIV at least annually. Trichomonas: Test all sexually active women seeking care for vaginal discharge, women who are IV drug users, women who exchange sex payment, women with HIV or have history of STI. Herpes: Test all men and women requesting STI evaluation who have multiple sex partners, those with HIV and MSM with undiagnosed genital tract infection <p>https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/sexually-transmitted-infections-behavioral-counseling</p>			
<p>22. Skin Cancer Behavioral Counseling: USPSTF recommends that young adults 24 years old and younger be counseled to minimize exposure to ultraviolet (UV) radiation to reduce their risk of skin cancer. Recommendation: Skin Cancer Prevention: Behavioral Counseling United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</p>			
<p>23. Tobacco Use Screening Counseling and Interventions: Assess all patients during well adult visits for tobacco use utilizing a validated assessment tool and document prevention and/or counseling services to potential/active tobacco users. If the PCP identifies tobacco use, documentation that the provider offered tobacco cessation services, behavioral counseling, and /or pharmacotherapy to include any or a combination of the following must be in the patient's medical record:</p> <ul style="list-style-type: none"> FDA-approved tobacco cessation medications (for non-pregnant adults of any age) Individual, group, and telephone counseling for members of any age who use tobacco's products Services for pregnant tobacco users <p>Assessment tool: Use CRAFFT, NIM-ASSIST, or other validated assessment tools</p>			

Adult Preventive Care	Yes	No	Comments:
<p>24. Tuberculosis Screening: 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 specialist).</p> <p>https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening</p>			
<p>25. Adult Immunizations: Immunization status must be assessed at periodic health evaluations with evidence of the following:</p> <ul style="list-style-type: none"> • Given according to ACIP guidelines • Vaccine administration documentation (Manufacturer, expiration date, lot number) • Vaccine Information Statement (VIS) documentation (Date VIS was given and VIS publication date) <p>Vaccination status must be assessed for the following:</p> <ul style="list-style-type: none"> • Td/Tdap (every 10 years) • Flu (annually) • Pneumococcal (ages 65 and older; or anyone with underlying conditions) • Zoster (starting at age 50) • Varicella and MMR: documented evidence of immunity (i.e., titers, childhood acquired infection) in the medical record meets the criteria for varicella and MMR <p>The name of the vaccines, date the member received the vaccines must be documented as part of the assessment.</p> <p>https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html https://www.immunize.org/vaccines/vis/about-vis/</p>			