

Child Health and Disability Prevention (CHDP) Program FACILITY REVIEW TOOL SCORING INSTRUCTIONS

General Guidelines for Facility Site Review

- “Provider” refers to an individual or office/clinic applying for, or already enrolled in, the CHDP Program.
- All sites, including mobile vans, satellite centers, and school-based clinics, must be reviewed using the CHDP Facility Review Tool (DHCS 4493) in conjunction with the CHDP Medical Record Review Tool (DHCS 4492) during an on-site visit with an Applicant/Provider.
- Each facility operated by an Applicant/Provider must meet all critical elements (CE) and have a passing score of greater than 84 percent to be enrolled in the CHDP Program. The critical elements are: Airway, Breathing, and Circulatory Management; Emergency Medication Administration; Current Professional License; Participation in the Vaccines for Children (VFC) Program, including all criteria identified in the Pharmaceutical Services Survey Criteria section, and meet all the criteria in Preventive Services Survey Criteria section. CEs are identified with shaded rows and “CE” under the weight (Wt.) column.
- Modified facility reviews of Applicants/Providers during application for enrollment or during periodic reviews of enrolled Providers may be conducted when the local CHDP Program has a copy or summary of scores and conclusions from a survey conducted within the preceding 12 months by the Medi-Cal managed care plan. A modified facility review is a review of the five CEs and all of the criteria within the CE in the CHDP Facility Review Tool (DHCS 4493).
- Providers currently enrolled in the CHDP Program must meet all CEs and have a passing score of greater than 69 percent among the other criteria in the review. A score from 70 through 84 percent requires joint efforts between the local CHDP Program and the Provider for the correction of deficiencies and achievement of program standards within three months.

Directions for Scoring

Every criterion is weighted either one or two points, except for the CEs.

- Score full-weighted points (1 or 2 as designated) for each criterion that is met by placing a check mark in the “yes” column and entering the full-weighted points as the Site Score for that criterion. Do not score partial points for any criterion.
- Score zero points if criterion is not met by placing a check mark in the “no” column and entering a zero as the Site Score for that criterion.

- Not applicable (N/A) applies to any criterion that does not apply to the facility being reviewed. Score N/A with the full-weighted points (1 or 2 as designated) for that criterion by placing a check mark in the “N/A” column and entering the full-weighted points in the Site Score for that criterion.
- Add the subtotal scores and record the total points for each section.
- Add the total points for each section to determine the points in the total review score.
- Score the five CEs as stand-alone criteria. All CEs must be met by Applicants entering the program. Current Providers undergoing periodic review may be given conditional approval as stipulated in a–e below.
 - a. Airway, breathing, and circulatory management equipment must all be present.
 - b. Emergency medication as stipulated in the criterion must be present.
 - c. Current professional license(s) are required and, if missing, the Applicant cannot be newly enrolled in the CHDP Program. If the Provider is enrolled in CHDP, continuing enrollment at the time of a periodic review may be changed to conditional approval if any of the Providers do not have a current license but can show proof of having submitted their license renewals before the expiration date.
 - d. VFC Provider participation is required as well as all of the criteria in Section 4 (Clinical Services) in order to provide appropriate vaccinations, documentation, and education/guidance. An Applicant/Provider cannot be enrolled or recertified for continued participation in the CHDP Program if not participating in the VFC Program.
 - e. Preventive Services, as defined, must be met. An Applicant cannot be enrolled in the CHDP Program if he/she fails to meet any of these criteria. At the time of recertification, the local CHDP Program determines whether the Applicant/Provider will be given conditional approval due to the failure to meet any one criterion in the Preventive Services section.
- Calculate the percent score by dividing the **review score points by the total possible points**. Multiply by 100 to obtain the percentage. For example:
(55 Review Score Points) divided by (62 total possible points) x 100 = 89 percent
- Round percentages to the next smaller percentage for .1–.5, or to the next larger percentage for .6–.9.
- Determine the degree of successful completion by the Applicant/Provider for the facility review using the following thresholds.

Thresholds

- If Critical Elements (CE) not met:

Airway, Breathing, and Circulatory Management not met:	New Provider Periodic Review	= FAIL = FAIL
Emergency Medication not met:	New Provider Periodic Review	= FAIL = FAIL
Current Professional License not met:	New Provider Periodic Review	= FAIL = CONDITIONAL
Vaccines for Children (VFC) Provider and all criteria identified as CE in the Pharmaceutical Services Survey Criteria Section not met:	New Provider Periodic Review	= FAIL = FAIL
Preventive Services not met:	New Provider Periodic Review	= FAIL = CONDITIONAL—dependent on the total survey

 - 85 percent through 100 percent = FULL APPROVAL
 - 70 percent through 84 percent = CONDITIONAL APPROVAL
 - Less than 70 percent = NOT APPROVED

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

**Child Health and Disability Prevention (CHDP) Program
FACILITY REVIEW TOOL**

Review date _____		Last CHDP review date and results _____	
Provider name _____		Telephone number _____ Fax number _____	
Provider address (number, street) _____		City _____ State _____ ZIP code _____	
Contact person _____ Title _____		Clinicians on site _____	
Reviewer _____ Title _____		CHDP Provider category: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Health assessment only	
Reviewer _____ Title _____		CHDP Provider category: <i>check only one</i> <input type="checkbox"/> Comprehensive <input type="checkbox"/> Health assessment only	
Visit Purpose		Provider Types at Site	
(Check only one.) <input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused Review <input type="checkbox"/> Other _____		Check only one. <input type="checkbox"/> County Hospital Outpt Clinic (01) <input type="checkbox"/> Community Hospital Outpt Clinic (02) <input type="checkbox"/> Community Health Clinic (25) <input type="checkbox"/> Family Nurse Practitioner (14) <input type="checkbox"/> FQHC/Rural Health Clinic (22) <input type="checkbox"/> Health Department Clinic (21) <input type="checkbox"/> Indian Health Clinic/Tribal Health Program (24) <input type="checkbox"/> Pediatric Nurse Practitioner (15) <input type="checkbox"/> Physician Solo Practitioner (13) <input type="checkbox"/> Physician Group Practice (12) <input type="checkbox"/> Other (type): _____	
History of Other DHCS Certification(s)		Office/Clinic Type	
Check all that apply - date if available <input type="checkbox"/> CHDP _____ <input type="checkbox"/> Comprehensive Perinatal Services Program _____ <input type="checkbox"/> DHCS Licensing and Certification _____ <input type="checkbox"/> Medi-Cal Managed Care Division _____ <input type="checkbox"/> Vaccines for Children _____ <input type="checkbox"/> Other _____		Check all that apply. <input type="checkbox"/> Family Practice <input type="checkbox"/> Pediatrics <input type="checkbox"/> General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN Specialist <input type="checkbox"/> Non-physician Medical Practitioner type: _____ <input type="checkbox"/> Other (type): _____	
Site Scores		Scoring Procedures	
I. Personnel CE P F _____ / 11 II. Office Management CE P F _____ / 22 III. Health Education Services CE P F _____ / 10 IV. Site Access CE P F _____ / 7 V. Infection Control/Lab CE P F _____ / 12 VI. Clinical Services CE P F _____ VII. Pediatric Preventive Services CE P F _____		1) Add point given in each section 2) Add total points for all seven sections 3) Score Critical Elements as stand alone criteria. An applicant cannot be enrolled if he/she fails to meet any of these criteria. 4) Calculate the percent score by dividing the review score points by the total possible points. Multiply by 100 to obtain the percentage. $\frac{\text{Points Given}}{\text{Total Points}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{\%}$	
Approval Status		Compliance Threshold	
<input type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Not Approved (less than 70%) <input type="checkbox"/> Not Approved (did not pass Critical Elements)		If Critical Elements (CE) not met = FAIL 85 % through 100 % = Full Approval 70 % through 84 % = Conditional Approval Less than 70 % = FAIL Correction Plan _____ Other follow-up _____ Next Review Date _____	

1. Personnel

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

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

1. Personnel (cont)

Site Personnel Survey Criteria <i>(continued)</i>		Wt.	Yes	No	N/A	Site Score
C. Staff are qualified and trained, and have access to information to ensure a safe office environment.						
1.	Personnel on site are qualified for their responsibilities and adequately trained to function within their scope of work or job description.	1				
2.	Non physician medical practitioners perform within their scope of practice and are supervised in accordance with Title 22, CCR, Sections 51240 and 51241.	2				
3.	There are written policies & procedures or other written documentation on site to ensure staff has access to information on handling issues such as infection control, emergencies, fire prevention, safety and abuse reporting, implementation of HIPAA requirements, sensitive services/minor's rights, consent for treatment.	1				
4.	There is written documentation of annual training to ensure staff has basic knowledge of areas such as infection control, handling of emergencies, fire prevention and safety and abuse reporting, implementation of HIPAA requirements, sensitive services/minor's rights, consent for treatment.	1				
5.	Designated personnel have completed training in audiometric testing.	1				
6.	Designated personnel have completed training in vision screening.	1				
7.	Designated personnel have completed training in obtaining Body Mass Index (BMI) percentile.	1				
8.	Designated personnel have completed training in anthropometric measures.	1				
Subtotal:		11				

11					
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Section Total:

2. Office Management

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

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

2. Office Management (cont)

Office Management Survey Criteria		Wt.	Yes	No	N/A	Site Score
D. Referral/consultative services are handled according to established site-specific procedures.						
Office systems and written procedures exist for:						
1.	There is a system in place for tracking of referrals and follow-up appointments.	2				
2.	Obtaining and reviewing consultant reports and diagnostic test results, including lab procedures referred to other providers, immunizations not performed on-site.	2				
3.	Maintaining up-to-date resource materials related to the provision of CHDP services according to program standards.	2				
E. Medical records are readily retrievable for the Provider at each scheduled client encounter.						
1.	A system is in place and utilized by site personnel to ensure the availability of medical records at the time of the client visit. Refer to the CHDP Medical Record Review Tool (DHCS 4492).	1				
2.	Medical records retention schedule is in place.	1				
F. Client confidentiality and privacy are maintained.						
1.	Exam rooms, dressing gowns are available to safeguard clients' right to privacy.	1				
2.	Site personnel follow office policy/procedures for maintaining confidentiality of patient information. Clients or their conditions are not discussed in front of other clients or visitors. Individual client information is not displayed or left unattended in reception and/or client flow areas.	1				
3.	Privacy policies are given to new patients.	1				
Subtotal:		11				

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

22	X	X	X	X	X
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Section Total:

3. Health Education Services

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

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

CE						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10						

Section Total:

4. Site Access

Site Safety Survey Criteria		Wt.	Yes	No	N/A	Site Score
A. The provider site shows evidence of safety and fire precautions.						
1.	Site is accessible and useable by persons with disabilities.	1				
2.	There is fire fighting/protection equipment in an accessible location on site at all times.	1				
3.	Exit door(s), corridors, and stairs are clear and unobstructed; wall outlets and switches have cover plates.	1				
B. The site ensures that the following are in place in order to provide emergency care during business hours until treatment is initiated by the Emergency Medical Services (EMS) system.						
1.	Airway, breathing, circulatory management: Oxygen delivery system, bag-valve mask (pediatric and adult); suction device (tonsil tip, bulb syringe). Clear oxygen masks, breather and nonrebreather, with reservoirs (infant, child, adult) nebulizer (or metered-dose inhaler with spacer/mask); oropharyngeal airways (sizes 00-5); cardiac arrest board/backboard. ¹	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
2.	Emergency medication and administration: Epinephrine 1:1,000 (injectable subcutaneous or intramuscular); tuberculin syringes and needles; alcohol wipes; albuterol for inhalation (metered-dose inhaler with spacer or mask may be substituted). ²	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
3.	Equipment and supplies – splints and sterile dressings.	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
4.	Written plan delineating the procedures followed for an emergency medical condition*, including activation of the local 911 EMS system.	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
5.	Medication dosage chart (or other method for determining dosage) is kept with emergency medication(s).	CE				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
6.	Emergency equipment/supplies as listed in items 1 and 2 above are stored together and there are no obstructions (e.g., furniture, supplies) to their use.	1				
7.	There is written documentation that emergency equipment/supplies as listed in items 1 and 2 above are checked for expiration at least monthly and replaced/restocked as needed; emergency equipment is checked for operating status at least monthly.	1				

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

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

Site Access/Safety Survey Criteria (continued)						
	Wt.	Yes	No	N/A	Site Score	
8. At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.	1					
9. Local poison control number is prominently posted and visible for staff.	1					
Subtotal:						
	CE					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	7					

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

CE						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
7						

Section Total:

5. Infection Control / Lab

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

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

CE						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
4						

Section Total:

5. Infection Control/Lab (cont)

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

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

12				
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Section Total:

6. Clinical Services

Pharmaceutical Services Survey Criteria		Wt.	Yes	No	N/A	Site Score
A. The provider site participates in the Vaccines for Children (VFC) program and meets all the following requirements:	CE					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	1. Has a process to check and dispose of expired immunizations and no expired immunizations are present.					
	2. Has a clean area for preparing immunizations.					
	3. Has syringes and disposable needles in various sizes as needed.					
	4. Stores immunizations separate from food, lab specimens, cleaning supplies, and other items that may potentially cause contamination.					
	5. Stores immunizations, needles and syringes so that they are accessible only to staff responsible for their use.					
	6. Has Vaccine Immunization Statement(s) (VISs) for each immunization or immunization component administered and in threshold languages appropriate for the client population.					
	7. Has current immunizations or combinations as recommended by ACIP.					
	(List vaccines here)					

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

6. Clinical Services (cont)

Pharmaceutical Services Survey Criteria (continued)						
	Wt.	Yes	No	N/A	Site Score	
8. Immunizations are stored according to manufacturer requirements in the refrigerator at 2° to 8° C or 35° to 46 °F and in the freezer at -15 °C or 5 °F or lower.						
9. Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.						
10. Has a written log documenting refrigerator and freezer temperatures twice a day.						
11. Has a freezer with its own external door separate from the refrigerator.						
12. Has purified protein derivative injectable tuberculin.						
13. Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.						
Subtotal:	CE					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

7. Pediatric Preventive Services

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

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

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