

County of Los Angeles-Department of Health Services (DHS) My Health LA (MHLA)
Attachment A1
Annual Facility Site and Credentialing Review
Fiscal Year 2022-23

Please consider reviewing all audit tools provided. Contact the Contract Program Auditor identified in your confirmation letter with any questions. All requested documents (forms, agreements, and certificates) are required under the County of Los Angeles-Department of Health Services (DHS) My Health LA (MHLA) Agreement.

Please submit the following documents electronically or by mail by:

DHS/MHLA

1000 S. Fremont Ave. A-11 Ground Level, Ste. 11010

Alhambra, CA 91803-8859

Auditcompliance@dhs.lacounty.gov

Desk Review Documents

Annual Facility Site Review

Copy of current credentialing "On-Site Visit Report" from Human Resources & Services Administration (HRSA), or Notice of Award (NOA) with supporting documentation addressing the Compliance Review Findings for the staffing section.

Evidence (e.g., certificate and/or report) that Agency's site has passed a Facility Site Review (FSR) conducted by a Health Plan.

Note: DHS will accept an approved FSR from a Health Plan if the passing score of the review is within the past three (3) years.

Medical Waste Management Hauler Agreement (Bio-Hazardous/Waste agreement) and tracking documents including recent invoice(s)

Autoclave Policy & Procedures that indicates spore testing is done monthly and steps to take if the spore test result is positive.

Laboratory Services Agreement(s).

Radiology Agreement(s). If Radiology is provided on site, include physician supervisor/operator certificate and technologist certificate.

A site specific CLIA Certificate/*Waiver* for operating laboratory services at the site.

Liability Insurance (General Liability; Worker's Compensation; Professional Liability)

Policy & Procedure for cultural and linguistic competency and referral to programs as applicable

Copy of floor plans (*label number of room(s) and dental chair(s) on floor plan*)

Number of MHLA exam rooms based on the attached floor plan(s): _____

Number of dental chairs: _____

A photo showing posted clinic office hours.