

Department of Health Services/My Health LA

Attachment B1:

**Self-assessment/Attestation Form for Fiscal Year 2022-23
Facility Site Review/Credentialing Review (FSR/CR)**

Important: MHLA requires that the completed form be signed and dated by a duly authorized representative or designee (e.g., Chief Executive Officer, Executive Director).

The following list consist of the FSR/CR elements that will be audited via self-assessment/attestation by MHLA.

Agency Name: _____

Site Name: _____

Address: _____

Instruction: Please check the most appropriate answer based on your self-assessment (Yes, No, or Non-Applicable [N/A]) for the following FSR/CR elements:

Note: A comment/explanation is required for “No” or “N/A”

I. Critical Elements	Yes	No	N/A	Comment
Only qualified/trained personnel retrieve, prepare or administer medications.				
There is a process for follow-up referral/consultation reports and diagnostic test results in place. The office referral process for tracking and follow up includes documentation of physician review.				
Only lawfully authorized persons dispense drugs to Participants.				
Spore testing of autoclave/steam sterilizer with documented results (at least monthly).				
Drugs and Vaccines are prepared and drawn only prior to administration.				
Staff can demonstrate /verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.				
Appropriate Personal Protective Equipment (PPE) is available, exposure control plan, Material Safety Data Sheets (MSDS) and clean up instructions in the event of a cold chemical sterilant spill.				
Clinic site is managing the positive mechanical, chemical, and biological indicators of the sterilization process.				

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II. Office Management	Yes	No	N/A	Comment
A. The following are maintained current on site:				
After-hours emergency care instructions/telephone information is made available to Participants.				
After-hour instructions to call 911 if the Participant is in need of Emergency Service.				
After-hours Instructions include what the Participant should do if he or she is in need of prescription medications or medical advice.				
Telephone answering machine, voice mail system or answering service is used whenever office staff does not directly answer phone calls.				
Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.				

III. Cultural and Linguistic	Yes	No	N/A	Comment
Clinic site has sufficient number of health care personnel who are linguistically and culturally competent.				
Clinic site provides health information, education and support to Participants and, if appropriate, their families in a culturally and linguistically appropriate manner.				
Clinic site provides timely access to qualified medical interpretation, as assessed and as appropriate, for Participants with limited English proficiency (LEP).				

Attestation: I hereby affirm that the information indicated on this form and any documents thereto is current, correct and complete to be the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in adverse action, up to and including debarment or termination of my MHLA contract.

Name: _____

Title: _____

Signature: _____

Date: _____