

County of Los Angeles - Department of Health Services
My Health LA
Annual Facility Site and Credentialing Review Tool

Agency Name: #N/A _____

Contract Program Auditor: _____

Site Name: _____

Site Address: #N/A _____

Audit Date: _____

Fiscal Year: 2021-22 _____

FSR conducted by: _____ Score: _____ Health Plan Report/Certificate # (Y/N) _____ Date: _____

Note to Auditor: Enter "N/A" for satellite sites

REQUIREMENT			Score	Comments
I. Critical Elements				
1.		Exit doors and aisles are unobstructed and egress (escape) accessible.		
2.		Airway management: oxygen delivery system, oral airways, nasal cannula or mask, Ambu bag.		
3.		Only qualified/trained personnel retrieve, prepare or administer medications.		
4.		Physician review and follow-up of referral/consultation reports and diagnostic test results.		
5.		Only lawfully authorized persons dispense drugs to Participants.		
6.		Personal Protective Equipment is readily available for staff use.		
7.		Needlestick safety precautions are practiced on site.		
8.		Blood, other potentially infectious materials and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.		
9.		Spore testing of autoclave/steam sterilizer with documented results (at least monthly).		
Total Points				
II. Credentialing/Recredentialing				
1.		Current approved credentialing On-Site Visit Report from Human Resources & Services Administration (HRSA). Conducted on: <u>Date(s)</u> _____		
2.	N/A	All required Professional Licenses and Certifications, issued from the appropriate licensing/certification agency, are current. Notification is provided to each member that the MD(s) is licensed and regulated by the medical board, and that the Physician Assistant / Nurse Practitioner are licensed and regulated by the Physician Assistant Committee / CA Board of Registered Nursing.	N/A	This element is reviewed but not scored for FY 2021-2022.
3.	N/A	DEA Certification issued from the appropriate licensing/certification agency, are current.	N/A	This element is reviewed but not scored for FY 2021-2022.
Total Points			N/A	

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III. Office Management				
A.		The following are maintained current on site:		
1.		Posted Clinic office hours matched the information in the MHLA Master Provider Database (MPD).		
2.		After-hour instructions to call 911 if the Participant is in need of Emergency Service.		
3.		After-hours emergency care instructions/telephone information is made available to Participants.		
4.		After-hours Instructions include what the Participant should do if he or she is in need of prescription medications or medical advice.		
5.		Telephone answering machine, voice mail system or answering service is used whenever office staff does not directly answer phone calls.		
6.		Telephone system, answering service, recorded telephone information, and recording device are periodically checked and updated.		
			Total Points	
B.		Exam Rooms/Dental Chairs		
1.		Number of MHLA exam rooms based on the attached floor plan(s): _____ Number of dental chairs: _____		
2.	N/A	Number of MHLA exam rooms is consistent with the information in the MHLA Master Provider Database (MPD).	N/A	This element is reviewed but not scored for FY 2021-22.
3.	N/A	Number of dental chairs is consistent with the information in the MHLA MPD.	N/A	This element is reviewed but not scored for FY 2021-22.
			Total Points	N/A
IV.		Subcontractor/Maintenance Agreements and Documents		
1.		Verify site-specific agreement: Laboratory		
2.	N/A	Clinic laboratory agreement information is consistent with the information in the MHLA MPD.	N/A	This element is reviewed but not scored for FY 2021-22.
3.		Verify site-specific agreement: Radiology		
4.	N/A	Clinic radiology agreement information is consistent with the information in the MHLA MPD.	N/A	This element is reviewed but not scored for FY 2021-22.
5.		Verify site-specific agreements and tracking documents including current invoice(s): Biohazard / Waste		
6.		General liability insurance Expiration Date: _____		
7.		Worker's compensation insurance Expiration Date: _____		

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8.		Professional liability insurance Expiration Date: _____		
9.		Verify site-specific documents: CLIA Certificate Expiration Date: _____		
			Total Points	N/A
V.	Cultural and Linguistic			
1.		CP has sufficient number of health care personnel who are linguistically and culturally competent.		
2.		CP refers Participants to qualified, culturally and linguistically competent professionals, community resources or other agencies as needed. (Review policy/procedure for referrals to programs as applicable).		
3.		Provides health information, education and support to Participants and, if appropriate, their families in a culturally and linguistically appropriate manner.		
4.		Timely access to qualified medical interpretation, as assessed and as appropriate, for Participants with limited English proficiency (LEP)		
			Total Points	
VI.	Timely Access Standards			
TELEPHONE SURVEY:				
Appointment Availability Survey:				
	Date Surveyed: _____ Time: _____			
	Name of Person Spoken to: _____			
Urgent Care				
1.	N/A	When is the next MHLA available appointment date and time for an urgent appointment? Date: _____ Time: _____	N/A	See #5 below.
2.	N/A	Is there another provider in the clinic or another clinic site who could see the Participant sooner for urgent care ? If yes, on what date and time is the earliest appointment? Date: _____ Time: _____	N/A	See #6 below.
Non-Urgent Care				
3.	N/A	When is the next MHLA available appointment date and time for a non- urgent appointment? Date: _____ Time: _____	N/A	See #10 below.

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4.	N/A	Is there another provider in the clinic or another clinic site who could see the Participant sooner for non-urgent care ? If yes, on what date and time is the earliest appointment? Date: _____ Time: _____	N/A	See #11 below
ON-SITE REVIEW:				
Urgent Care				
5.		When is the next MHLA available appointment date and time for an urgent appointment? Date: _____ Time: _____		
6.		Is there another provider in the clinic or another clinic site who could see the Participant sooner for urgent care ? If yes, on what date and time is the earliest appointment? Date: _____ Time: _____ [] Single -Site Agency [] Multiple-Site Agency No. of Sites: _____		
If the scoring sum in #5 and #6 is 0 (site cannot offer a Participant an appointment within the 96 hours for urgent care), does this site have a process in place for the provider to:				
7.		Assess the Participant's condition to determine whether a longer waiting time will not be detrimental to the Participant? [] Yes [] No		
8.		Notate this decision in the Participant's record? [] Yes [] No		
9.		See the Participant within 96 hours for urgent care if a longer wait time might be detrimental to the Participant's condition. [] Yes [] No		
Non-Urgent Care				
10.		When is the next MHLA available appointment date and time for a non-urgent appointment? Date: _____ Time: _____		
11.		Is there another provider in the clinic or another clinic site who could see the Participant sooner for non-urgent care ? If yes, on what date and time is the earliest appointment? Date: _____ Time: _____		
If the scoring in #10 and #11 is 0 (site cannot offer a Participant an appointment within 21 days for non-urgent care), does this site have a process in place for the provider to:				
12.		Assess the Participant's condition to determine whether a longer waiting time will not be detrimental to the Participant? [] Yes [] No		
13.		Notate this decision in the Participant's record? [] Yes [] No		
14.		See the Participant within 21 days for non-urgent care if a longer wait time might be detrimental to the Participant's condition. [] Yes [] No		
15.	N/A	What is the clinic status for new Participants in MHLA MPD? [] Open [] Closed	N/A	This element is reviewed but not scored for FY 2021-2022.
Total Points			N/A	