



Interim Medi-Cal Managed Care Monitoring Review

PCP/ Clinic Name:	DHCS ID:	IPA:	
Site Address:	City:	CA	ZIP:
Site Contact(s):	Phone:	Fax:	
Email:	EMR:	Date Sent:	

Circle the appropriate Yes/ No/ NA response below & include any comments.

Critical Element	Compliant	Non-Compliant	Comments	
1. Exit doors and aisles are unobstructed and egress (escape) accessible.	Yes	No		
2. Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.	Yes	No	Name of person checking supplies:	
3. Emergency medicine such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: Epinephrine 1:1000 (injectable), and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), Naloxone, chewable Aspirin, Nitroglycerine spray/tablet, nebulizer or metered dose inhaler and glucose. Appropriate sizes of ESIP needles/syringes and alcohol wipes.	Yes	No	Name of person checking supplies:	
4. Only qualified/trained personnel retrieve, prepare or administer medications.	Yes	No	Name of MD/NURSE ONLY checking MA administered meds:	
5. Physician Review and follow-up of referral/consultation reports and diagnostic test results.	Yes	No	Name of person tracking referrals:	
6. Only lawfully authorized persons dispense drugs to patients.	Yes	No	Name of MD/NURSE dispensing drugs:	
7. Drugs and Vaccines are prepared and drawn only prior to administration.	Yes	No		
8. Personal Protective Equipment for Standard Precautions is readily available for staff use.	Yes	No		
9. Needlestick safety precautions are practiced on site.	Yes	No		
10. Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.	Yes	No	Name of contracted waste hauler:	
CE 11-14: NA IF NO COLD CHEMICAL STERILIZATION OR AUTOCLAVE				
11. Staff demonstrates /verbalizes necessary steps/process to ensure sterility and/or high level disinfection to ensure sterility/disinfection of equipment.	Yes	NA	No	
12. Appropriate PPE is available, exposure control plan, MSDS and clean up instructions in the event of a cold chemical sterilant spill.	Yes	NA	No	
13. Spore testing of autoclave/steam sterilizer with documented results (at least monthly).	Yes	NA	No	Date of last spore test:
14. Management of positive mechanical, chemical, and/or biological indicators of the sterilization process.	Yes	NA	No	Method:

"I attest that these statements of compliance are accurate."

 PCP/Representative Signature & Title

 Date

MEDICAL GROUP OR HEALTH PLAN USE ONLY		
Interim Review Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date CAP Due:
Nurse Comments:		
Nurse Reviewer Signature:		Date: