

**PRIMARY CARE PRACTITIONER
ENVIRONMENTAL ASSESSMENT STANDARDS**

PHYSICAL ACCESSIBILITY AND APPEARANCE
Parking
<ol style="list-style-type: none"> 1. Parking Lot should have 96" wide parking spaces available for vans and cars that also have an adjacent 96" wide striped access isle. 2. Parking Lot spaces that are handicap accessible have a sign or signs that will not be blocked by parked vehicles, and that display the International Symbol of Accessibility and provide "van-accessible" designation. 3. The designated parking space for handicap accessibility is the 96" accessible space closest on the path of travel to the entrance.
Exterior Path of Travel
<ol style="list-style-type: none"> 1. The path of travel is at least 36" wide, except at doorways and gates. 2. The Surface in the exterior path of travel is stable, firm and slip resistant.
Curb Ramps
<ol style="list-style-type: none"> 1. There are curb ramps where the path of travel crosses a curb. 2. There are curb ramps at least 36" wide. 3. The slope of the curb ramps is less than or equal to 1:12.
Ramps
<ol style="list-style-type: none"> 1. If a route has changes in level greater than ½", a ramp is provided. 2. The slope of the ramp is greater than 1:12 for each run of the ramp. 3. There is a level landing at the top and bottom of each run, at least as wide as the ramp and 60" in length. 4. If the ramp changes direction, there is a landing at least 60" x 60". 5. Ramps are non-slip. 6. If the ramp rises more than 6", or has a horizontal run longer than 72", there are handrails on each side. 7. The width of the ramp is at least 36" wide or if handrails are present, the clear width between railings is at least 36" wide.
Building Entrance
<ol style="list-style-type: none"> 1. There is directional signage indicating the locations of an entrance for use by people with disabilities. 2. If there is signage, the entrance shows the International Symbol for Accessibility. 3. There are no steps or changes in level at the entrance or in route to the entrance greater than ½" high. 4. The entrance door has at least a 32" clear opening width. 5. The door handle is operable without tight grasping or twisting of the wrist. 6. There is a threshold that is at least 1/2" or less in height.
Airlock Doors
<ol style="list-style-type: none"> 1. If there are two doors in a series, the space between them is at least 48" plus the width of any door swinging into the space. 2. The airlock door has at least a 32" clear opening width. 3. The airlock door handle is operable without tight grasping or twisting of the wrist. 4. There is a threshold that is ½ " or less in height.
Stairs
<ol style="list-style-type: none"> 1. The use of stairs is not necessary to access the provider's office.

Elevators
<ol style="list-style-type: none"> 1. The Elevator door provides a clear opening width of at least 36". 2. The Elevator operating controls are no higher than 54".
Interior Spaces
<ol style="list-style-type: none"> 1. The route to all provider spaces is at least 36" wide.
Hallway Doors
<ol style="list-style-type: none"> 1. Doors on interior paths of travel have at least 32" of clear opening width. 2. Door handles are operable without tight grasping or twisting of the wrist.
Provider Entrance
<ol style="list-style-type: none"> 1. The door into the provider space is at least a 32" clear opening width. 2. Door handles are operable without tight grasping or twisting of the wrist. 3. Thresholds are at least ½" or less in height.
Provider Interior Path
<ol style="list-style-type: none"> 1. Pathways to waiting rooms and receptionist desk are unobstructed and at least 36" wide.
Provider Interior Doors
<ol style="list-style-type: none"> 1. Doors on the Provider interior path of travel have at least 32" of clear opening width.
Exam Rooms
<ol style="list-style-type: none"> 1. Doorways to exam rooms provide a minimum clear opening width of 32". 2. Exam and treatment rooms must provide for patient confidentiality.
WAITING AREA
<ol style="list-style-type: none"> 1. Waiting area must adequately accommodate size of practice, and there must be a minimum of 4 chairs, or 2 per physician, whichever is greater. 2. The waiting area and treatment areas must be clean and neat. 3. There must be at least one exam room per physician. 4. There must be at least one treatment room in a specialty office if office procedures are done. (no requirement for PCPs).
DRUG STORAGE
<ol style="list-style-type: none"> 1. Pharmaceuticals must be stored in an area that is not accessible to patients. 2. Narcotics must be stored in a locked area and a log must be kept. 3. There should be a separate refrigerator for storage of immunizations, medical supplies.

MEDICAL RECORD KEEPING

1. All providers must maintain current and comprehensive medical records which conform to standard medical practices.
2. Patient records must be secure from public access at all times.
3. The office must have a written confidentiality policy that applies to all staff.
4. Records are documented legibly.
5. Office must have an organized filing system to insure prompt retrieval of patient records. (alphabetically, social security numbers)
6. There must be a single chart for each patient. If family records are kept, individual records must be clearly delineated.
7. Records must identify the member on each page.
8. All medically related patient phone calls documented in the medical record.
9. Office recalls missed appointments and makes documentation in the medical record.
10. Chart Documentation:
 - Allergy or NKA visible in the same place on every record.
 - Patient medical history in each record. Is there a medical history in each patient record.
 - Treatment/progress notes in each patient record.
 - Problem List in the medical record. (PCPs and PCP Specialists Only)
 - Standard place in the medical record for preventive care/immunizations (PCPs and Specialists only).

****IF PROVIDER RELATIONS HAS QUESTIONS OR CHART DOES NOT MEET THE STANDARD THEN A COPY OF ONE RECORD NEEDS TO BE GIVEN TO QI FOR REVIEW.**

SCHEDULING/AVAILABILITY/ OFFICE PROTOCOLS

SCHEDULING

PCPs and PCP/Specialists Only

1. Waiting time to schedule a routine appointment must be no more than 10 business days.
2. Waiting time to schedule a health assessment/preventive physical examination and first examination must be scheduled within three weeks.
3. Waiting time to schedule an urgent care appointment must be no more than 24 hours.
4. Waiting time to schedule an EPSDT screen for a new member assigned to the practice must be within 45 days of the effective date of enrollment.
5. Wait time in the waiting room should be no more than 20 minutes or at any time no more than up to 1 hour when the physician encounters an unanticipated urgent medical visit or is treating a patient with a difficult need.
6. Practice must have at least 20 hours of patient scheduling time per week per office.
7. There must be open appointments on the schedule for emergencies.
8. Emergency care must be seen immediately or referred to an emergency facility.
9. Practice must have physician coverage arrangements for vacations, etc.
10. Waiting time to schedule an appointment for any new patient diagnosed with HIV must be within seven days of enrollment.

OFFICE PROTOCOLS

1. The office must have a recall system for patients who miss appointments and document in Medical Record, whether a postcard, or a telephone call was made/sent. At least one attempt to contact the member must be made by telephone. At least three attempts must be made.
2. **PCP/Specialist Only** – Must document in medical records two missed appointments and place a follow up call to member.
3. **PCP and PCP/Specialist Only** – The Office is able to perform EPSDT screens. (Offices whose panel limit is 21 and under) Should the PCP be unable to conduct the necessary EPSDT Screens, the PCP is responsible and willing to arrange to have the necessary EPSDT Screens conducted by another network practitioner and ensure that all relevant medical information, including the results of the EPSDT Screens, are incorporated into the Member's PCP medical record.

EMERGENCY CARE

1. **PCP and PCP/ Specialist**--A Physician must be available 24 hours a day, 7 days per week directly or through on-call arrangements for urgent or emergency care and provide triage and appropriate treatment or referrals for treatment. This can be accomplished by answering machine, or answering service.

EXIT INTERVIEW WITH OFFICE

- Review the Environmental Assessment Standards and your findings at this time. Provide the standards for the medical record review process and give approximate date for completion of the credentialing process.