

Maternal, Child, and Adolescent Health Division CPSP Provider Application

Important: Read the instructions thoroughly before completing this application and attestation. Submit the completed form to CDPH/MCAH Division via email attachment to CPSPProviderEnrollment@cdph.ca.gov. All provider information must match the applicant’s Medi-Cal record. Retain a copy for your records. A separate application is required for each site to become an approved CPSP provider. The provider resource templates provided contain all elements required by the Health & Safety Code, Welfare & Institutions Code, and Title 22 of the California Code of Regulations, and meet the requirements outlined in 22 CCR § 51348. These resources do not define the standard of care in California. Consult CDPH/MCAH Division to use an assessment/ICP form or CPSP protocols template other than the provided State-approved sample forms. Protocols shall be developed, approved, and adopted within six (6) months of CPSP approval.

1. PROVIDER INFORMATION

Legal Name:	Provider Type:	Alternative Birthing Center
Business Name:		Certified Nurse Midwife
NPI:		Community Clinic
Service Address:		County Clinic
City, Zip, County:		FQHC/RHC/IHS
Mailing Address:		Hospital Outpatient Clinic
City, Zip:		Physician Group
Contact Name:		Solo Physician
Contact Email:		

2. PRACTITIONER INFORMATION

Supervising Physician:		License:		
Practitioner Name:		Practitioner Type:		
License/Cert/Reg #:		Yrs of Experience:		
Services Provided:	Obstetrics Nutrition	Psychosocial Consultation	Health Education Client Orientation	Back-up Physician Case Coordination
Practitioner Name:		Practitioner Type:		
License/Cert/Reg #:		Yrs of Experience:		
Services Provided:	Obstetrics Nutrition	Psychosocial Consultation	Health Education Client Orientation	Back-up Physician Case Coordination
Practitioner Name:		Practitioner Type:		
License/Cert/Reg #:		Yrs of Experience:		
Services Provided:	Obstetrics Nutrition	Psychosocial Consultation	Health Education Client Orientation	Back-up Physician Case Coordination
Practitioner Name:		Practitioner Type:		
License/Cert/Reg #:		Yrs of Experience:		
Services Provided:	Obstetrics Nutrition	Psychosocial Consultation	Health Education Client Orientation	Back-up Physician Case Coordination
Practitioner Name:		Practitioner Type:		
License/Cert/Reg #:		Yrs of Experience:		
Services Provided:	Obstetrics Nutrition	Psychosocial Consultation	Health Education Client Orientation	Back-up Physician Case Coordination

Medi-Cal Region:

Managed Care Plan:

Hospitalist or laborist group used for deliveries/backup physician:

See attached CDPH 4448A for additional practitioners.

3. PROVIDER RESPONSIBILITIES

Important: Check the box next to each item below to attest to the item's completion.

Verify Practitioner Training, Experience, and License Information

Professional licenses, certificates, or registrations are valid and unexpired
CPSP practitioners' training (school, degree, year of graduation) and years of experience comply with Title 22 Regulations

Required Components

Initial/Trimester and Postpartum Assessment/ICP templates reflect legislative requirements and are approved by CDPH/MCAH Division for use in alignment with CPSP protocols

Local Referral Resources identified by name, address, and phone number for the following non-CPSP services:

- [Women, Infants & Children \(WIC\)](#) for nutrition and breastfeeding services and supplies
- [Child Health and Disability Prevention \(CHDP\)](#) for child wellness services
- [Family Planning, Access, Care and Treatment \(FPACT\)](#) for family planning services
- [Genetic Disease Screening Program \(GDSP\)](#) for newborn genetic screening services
- [Medi-Cal Dental Program](#) for dental services

Customized Protocols are due within six months of CPSP approval. If developing new protocols, identify qualified consultants who approve psychosocial, health education, and nutrition protocols. If using previously approved protocols as a template, identify the template by LHJ and year of approval or last update. The protocols must have been approved or most recently updated no more than 5 years prior to use as a template. Protocols must align with assessment/ICP templates. Identify person responsible for customizing protocols:

Submit to CPSPProviderEnrollment@cdph.ca.gov:

- ✓ CPSP Provider Application (CDPH 4448)
- ✓ Additional CPSP Practitioners Form (CDPH 4448A), if applicable
- ✓ Intrapartum and Antepartum/Postpartum Agreements, if applicable

4. AUTHORIZATION

On behalf of _____, I,
hereby certify under penalty of perjury that the information reported herein is true, accurate, and complete to the best of my knowledge. I understand that incorrect or inaccurate information may affect a provider's eligibility to receive reimbursement for CPSP services and that the provider must notify CDPH/MCAH Division of any information changes. I attest to the existence of the required items listed in the Provider Responsibilities section of this CPSP Provider Application, and agree to comply with Title 22 Regulations and all program policies and procedures. I understand that failure to comply may result in termination from CPSP, and that onsite visits and attempts at corrective action may be made prior to termination.

Name:

Title:

Signature:

Date:

INSTRUCTIONS FOR COMPLETING THE CPSP PROVIDER APPLICATION

- Use the current version of the CPSP Provider Application (CDPH 4448), available on the [CPSP website](#).
- Type all information so it is legible. If writing, use black or blue ink only. Do not use pencil or cursive writing.
- Review California Code of Regulations (CCR) [Title 22 CPSP Regulations](#).
- Complete a separate application for each site applying for CPSP approval.
- Email the completed application to CDPH/MCAH Division to CPSPProviderEnrollment@cdph.ca.gov.

Provider Information: The information entered in this section must match the applicant’s Medi-Cal record as displayed in the Provider Master File (PMF) database.

- **Legal Name:** Enter the applicant’s legal name as enrolled in Medi-Cal under this NPI at this service site.
- **NPI:** Enter the applicant’s organizational NPI used to enroll this site in Medi-Cal.
- **Business Name:** Enter the business name as enrolled in Medi-Cal.
- **Provider Type:** Place an X in the box before the provider type under which the provider is enrolled in Medi-Cal at this site.
- **Service Address:** Enter the address where CPSP services are provided.
- **Mailing Address:** Enter the address where the applicant receives correspondence, if different from the service address.
- **Contact Person:** Enter the full name of the person to whom CPSP Approval Letter should be sent.
- **Contact Email:** Enter the contact person’s email address.

CPSP Practitioners: CCR § 51179 requires that all obstetrical, psychosocial, health education, and nutrition services, and related case coordination are provided by or under the personal supervision of a physician during pregnancy and 12 months following delivery.

- **Supervising Physician’s Name:** Enter the full name of the physician who oversees CPSP at this site.
- **Supervising Physician’s License:** Enter the Supervising Physician’s license number
- **Practitioner Name:** Enter the first and last name of the practitioner who provides CPSP services at this site.
- **Practitioner Type:** Enter the appropriate practitioner type or abbreviation from the list below:
 - * Physician specializing in obstetrics/gynecology, family practice, general practice, or pediatrics (MD/DO)
 - * Certified Nurse Midwife (CNM)
 - * Nurse Practitioner (NP)
 - * Physician Assistant (PA)
 - * Social Worker (SW)
 - * Psychologist (PSY)
 - * Marriage and Family Therapist (MFT)
 - * Certified Childbirth Educator (CCE) ASPO/Lamaze, Bradley or ICEA cert required.
 - * Licensed Midwife (LM)
 - * Registered Nurse (RN)
 - * Licensed Vocational Nurse (LVN)
 - * Registered Dietitian (RD)
 - * Health Educator (HE)
 - * Comp Perinatal Health Worker (CPHW)
- **Qualifications:** Enter the CA license that qualifies the practitioner for the practitioner type indicated. For all practitioners, enter the name of the school, degree obtained, and year graduated. For CPHW, enter the name of the high school, “Diploma” or “GED” for degree, and the year of graduation.
- **CPSP Services Provided:**
 - * OB = clinical obstetrical services
 - * CO = client orientation services
 - * HE = health education services
 - * CC = case coordination services
 - * B = backup physician for deliveries
 - * PSY = psychosocial services
 - * NUT = nutrition services
 - * CON = consultation for high-risk patients
- **Years of Experience:** Enter the practitioner’s number of years of experience working full-time in maternal and child health.
- **If using a hospitalist/laborist group for deliveries,** check the box and enter the name of the group. In this case, the Backup Physician column in Section 2 may be left blank.
- **If using an Additional CPSP Practitioners Form (CDPH 4448A),** check the box.