

DEPARTMENT OF HEALTH SERVICES

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CPSP PROGRAM LETTER 91-03

TO: Comprehensive Perinatal Services Program (CPSP) Coordinators

SUBJECT: SUBCONTRACT/AGREEMENT REQUIREMENTS

The purpose of this letter is to clarify whether subcontract/agreement documents for providers are required to be submitted to the State as part of the CPSP application. The California Code of Regulations, Title 22, Section 51249 (b) states: "The Department shall utilize the following criteria in evaluating applications: The provider's ability to provide the services specified in Section 51348 through the provider's own services or through subcontractors". Based on this there are certain documents that must be maintained as evidence of the provider's ability to provide the services either through subcontractors or through their own practice. Such documents shall be made available to the State in the event of an audit.

The Maternal and Child Health (MCH) Branch requires and will continue to require an intrapartum agreement as specified in the application documents, where appropriate.

The CPSP provider cannot depend on the county or the State to review or approve a subcontract(s)/agreement(s) in terms of their legal sufficiency; and it should be made clear that any review of subcontract(s)/agreement(s) deals only with whether the subcontract or agreement meets the program regulations or policies. In all cases where such subcontracts or agreements are developed, the applicant needs to be advised to seek legal advice in such matters.

As guidance to local coordinators, in general, subcontract(s)/agreement(s) can cover the following generic topics:

1. The parties to the subcontract(s) or agreement(s), including addresses and qualifications of the provider to deliver the service.
2. The effective date and duration of the subcontract(s)/agreement(s).
3. The purpose of the subcontract(s)/agreement(s).
4. Specification of duties of both parties, including the services to be provided.
5. Consideration for services provided (payment terms, if appropriate; Who gets paid? How much? When, and doing what?) Note: Only approved CPSP providers can bill for CPSP services under one care plan.
6. Provisions for termination of the subcontract(s)/agreement(s).
7. Compliance with prevailing federal and state statute and regulations and policies.
8. Any other provision deemed relevant to the subcontract(s)/agreement(s).

Regulations require that the CPSP provider develop, approve, and adopt a suitable health education protocol within six months of the effective date of provider approval as a CPSP provider. The health education protocol must be approved jointly by the CPSP provider and by the health education consultant.

A. The regulations define the health education consultant as "a health educator who has a master's degree (or higher) in community or public health education from a program accredited by the Council on Education for Public Health and who has one year of experience in the field of Maternal and Child Health." For a list of accredited programs, contact your local CPSP coordinator.

B. One year of experience in the field of maternal and child health can include full time employment for one year in a maternal and child or infant health program, family planning, Child Health and Disability Prevention Program, WIC, genetics, or equivalent experience related to the health of pregnant women, mothers, children, and adolescents.

#### IV. Staffing

Protocol approval must be made by an individual with the above described qualifications and the comprehensive perinatal provider.

The initial assessment, trimester reassessments, and postpartum assessment, preparation, updates and revisions of the care plan, interventions, including individual education, group education classes and referrals can be provided by any comprehensive perinatal practitioner. It is recommended that training opportunities be provided for practitioners in the areas of planning, delivering, and evaluating perinatal health education programs. An experienced MPH Health Educator is recommended to provide consultation, be responsible for the development and implementation of health education assessments, care plan, and interventions, as well as ongoing review and development of the health education protocol and services.