State of California-Health and Human Services Agency

California Department of Public Health

Maternal, Child and Adolescent Health Division

APPLICATION FOR CERTIFICATION AS A COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) PROVIDER

For Official Use only

Local Agency Control Number _____ Date Received _____

State Control Number _____ Date Received _____

Please read all the attached materials thoroughly before completing this form and retain a copy for your records. Please type or print in black ink. When completed, the original form should be mailed with one copy to your local CPSP Perinatal Services Coordinator (PSC).

1. **Name of Applicant** (Legal name must be the same name used for Federal Internal Revenue Service Tax Identification): We Deliver Babies Medical Group

Telephone Number: (123) 456-7890

Other Name (Business name used for provider services):

Fax Number: (123) 456-7891

Service Address (Number/Street):			Billing Address (Number/Street):		
1111 Labor Drive			1111 Labor Drive		
City: Delivery	State: CA	9 digit Zip Code: 99999-9999	City: Delivery	State: CA	9 digit Zip Code: 99999-9999
Contact Person: Nancy Bradley	Telephone Number: (123) 456-7892		Contact Person: Bill Ling	Telephone Number: (123) 456-7893	
E-mail Address: n.bradley@gmail.com			E-mail Address : b.ling@gmail.com		

2. **Please check applicant's provider type below. The CPSP provider must be a:**

- ☐ Obstetrician/Gynecologist (OB/GYN)
- ☐ Family Practice Physician
- ☐ General Practice Physician
- ☐ Family Nurse Practitioner
- ☐ Certified Nurse Midwife
- ☐ Pediatrician
- ☐ Preferred Provider Organization
- ☐ Clinic
- ☐ Hospital
- ☐ Alternative Birthing Center
- X Group (At least one is: Family Practice, OB/GYN or Pediatrician)
- ☐ Pediatric Nurse Practitioner

3. Are You A Current Medi-Cal Provider?	National Provider Identifier (NPI)*	Medi-Cal Number (Legacy numbe
X Yes ☐ No **If No, do not complete the rest of this form. Contact your local CPSP coordinator.**	1111111111	GR1111111

* Current Medi-Cal Legacy Number and NPI must be used by the applicant at the service address. Separate applications must be completed for each site. If you are applying as an Alternative Birthing Center, please contact your local CPSP Coordinator for special instructions.

4. **Comprehensive Perinatal Services Practitioners:**

Please identify all program practitioners who will be providing Comprehensive Perinatal Services (Obstetric and Support Services) and their years of service.
If any services are provided at site(s) different from service address specified on page 1, please indicate location and services.

***Type of Practitioner/Specialty**

Physician	(MD)	Marriage and Family Therapist	(MFT)
Certified Nurse Midwife	(CNM)	Health Education	(HE)
Registered Nurse	(RN)	Childbirth Educator	(CE)
Nurse Practitioner	(NP)	Registered Dietician	(RD)
Physician Assistant	(PA)	Comprehensive Perinatal Health Worker	(CPHW)
Social Worker	(SW)	Licensed Vocational Nurse	(LVN)
Psychologist	(PSY)		

****Years of Experience**

For MD, CNM, RN, NP, PA, SW, MFT, HE, LVN, PSY –Years of experience in Maternal and Child Health
For CE, CPHW -Years of experience in perinatal care.
For RD-Years of experience in perinatal nutrition

Last Name First Middle Initial Location	*Type of Practitioner/Specialty	CA License, Certificate, Registration Number	Expr. Date of Lic., Cert., or Reg. No. MM/DD/YY	Year Graduated Degree and Institution/Univ.	National Provider Identifier (NPI)	**Years of Experience	Obstetric (applied to Physician, CNM, NP, PA)	Supervision	Backup	Client Orientation	Health Education	Nutrition	Psychosocial	Case Coordination	Consultation	Protocol Approval
Paine, John H.	MD, OB/GYN	G12121	08/07/10	1997 MD UCLA	12121 21212	9	X	X			X	X	X			X
Herten, Susan A.	MD, FP	G23232	04/10/11	2000 MD Stanford	23232 32323	5	X				X	X	X			
Dural, Ebbie E.	MD	A34343	10/19/10	1978 MD Ohio State		27	X	X								
Tick, Holly S.	HP	NP4545	04/24/11	1999 MSN CSULB		6	X				X	X	X			
Yu, Carrie F.	RN	RN565656	09/05/10	1989 MSN SFSU		10								X		

				HS Diploma LA High School												
Starr, Ima A.	CPHW			1999 HS Diploma San Luis Obispo High School		2				X	X	X	X			
Lore, Connie S.	SW	LSC6767	09/07/11	1983 MSW UCLA		22									X	X
Barry, Lollie O.	RD	RD787878	09/30/10	1997 BS Dietetics UCSF		8									X	X
Cate, Edie U.	HE	CHES8989		1987 MPH CSUN		10									X	X
Breethe, Lonna T. 22 Relaxation Way, Delivery	CE			2000 ASPO Lamaze		5					X					

If additional space is required to list all program practitioners, please duplicate and use this page.

Name: Carrie Yu, Ima Starr Completion Date: 11/4/08 Name of training: Provider Overview and Steps to Take

If you have not yet participated in such training, indicate when you intend to*: _____

*Use additional pages as necessary for each person.

6. **Please attach and label the following requested documents in the order they are described:**

   I. **Prenatal Medical Record Form(s):** Attach a sample prenatal medical records form(s).

   II. **Individualized Care Plan:** Includes obstetric, nutrition, psychosocial, and health education components.

   III. **Nutrition, Psychosocial, and Health Education Assessment Tools:** Nutrition, psychosocial, and health education documents for initial assessment, trimester reassessments, and postpartum assessments.

   IV. **General Description of Practice:** A description as to how the practice, clinic, and/or organization will provide CPSP services for the obstetric, nutrition, psychosocial, and health education components. In your description, please include high risk a emergency patient care.

   V. **List of Delivery Hospitals:** The name(s) and address (es) of the hospital(s) at which deliveries are planned to take place.

   VI. **List of Referral Services:** The names and addresses of the persons and agencies to whom you will refer for OB and non-OB care, well-child pediatric care (e.g., CHDP), family planning services, Supplemental Nutrition Program for Women, Infants Children (WIC) services, genetic services, and dental services.

   VII. **Antepartum/Intrapartum/Postpartum Agreements:** If a person or entity other than the applicant will be responsible for providing and billing services for antepartum, intrapartum, and/or postpartum obstetrical care, the applicant must attach a writt agreement(s) to this application. The agreement(s) must describe the relationship and specific responsibilities of the applicant and the obstetric care providers(s), including the flow of patient services and patient information between all providers. should include the name(s) of the delivery hospital(s) where obstetric provider has privileges, how emergency services will be provided, and billing responsibilities

7. **Please give approximate number of total deliveries by the applicant in the last 12 months; of the total, how many were Medi-Cal deliveries**
   Please furnish any other information that you feel would help evaluate your application to become approved as a CPSP provider.

   3,600; 2,500

I certify under penalty of perjury that the above information is true, accurate, and complete to the best of my knowledge. I understand that incorrect or inaccurate information may affect my eligibility to receive enhanced Medi-Cal reimbursement for CPSP services and that I must report changes to the above information to the local CPSP coordinator.

John H. Paine	MD
Applicant or authorized agent's name (please print or type)	Title (please print or type)
➤ *John H. Paine, MD*	12/16/09
Applicant or authorized agent's original signature	Date

All information submitted with this application will be part of a file that is open for public inspection pursuant to the California Public Records Act, Government code, Section 6250 ET SEQ.

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Actions taken on application:

- ☐ Returned for additional information — Initial _____ Date _____
- ☐ Application resubmitted — Initial _____ Date _____
- ☐ Returned for additional information — Initial _____ Date _____
- ☐ Application resubmitted — Initial _____ Date _____

CPSP PSC's recommendation to CDPH:

☐ Approve ☐ Not approve

Signature: ➤ _____ Date: _____

Title: _____

Local agency: _____

☐ Attach Local Agency Review Checklist (CPP 3)