



California Department of Public Health Maternal, Child and Adolescent Health Division Comprehensive Perinatal Services Program (CPSP)

Instructions for Completing the CPSP Provider Application (CDPH 4448)

General Instructions

- Type or print in black ink
- Answer all questions and fill in all blanks
- It is recommended that you review Title 22, California Code of Regulations (CCR) for CPSP; Sections 51001 through 51504.1, before submitting this application. The CCR pertaining to CPSP providers can be found at <http://ccr.oal.ca.gov>
- A separate application must be submitted for each service site
- Submit the completed application form (**the original plus one copy**) to your local CPSP Perinatal Services Coordinator (PSC). A listing of PSCs can be found at <http://cdph.ca.gov/cpsp>. Under Program Information, click on *CPSP Perinatal Services Coordinator Directory*

Provider Application (CDPH 4448)

Section 1 Complete identifying information — legal name must be the same as used for Federal Internal Revenue Service Tax Identification, Business Name, service address, billing address, city, state, 9-digit zip code, telephone number, e-mail address, fax number, etc.

Section 2 Please check provider type.

Section 3 Answer "yes" or "no" to the question, "Are you a Current Medi-Cal Provider?" If yes, indicate the specific National Provider Identifier (NPI) number under which you will bill Medi-Cal for CPSP services.

If you are not a current Medi-Cal Provider, do not complete the rest of the application; contact your local PSC. In order to obtain a Medi-Cal Provider Number, contact Medi-Cal Provider Enrollment Division by mail: 1501 Capitol Avenue, MS 4704, P.O. Box 997413, Sacramento, CA 95899-7413; phone: (916)319-8000; or Web site: www.dhcs.ca.gov/services/medi-cal/Pages/Default.aspx



Section 4. Comprehensive Perinatal Services Practitioners

Identify all program practitioners who will be providing comprehensive perinatal services (obstetrical, health education, nutrition, psychosocial).

Comprehensive perinatal services are defined in the CCR, Sections 51179, 51179.2, 51179.3, and 51179.4. Specific requirements in the provision of these services are described in CCR Section 51348. Case Coordination is defined in CCR Section 51179.6.

Comprehensive perinatal services can be provided by any qualified comprehensive perinatal practitioner, CCR Section 51179.7, pursuant to Regulations, found in CCR Section 51179.9.

Identify and complete the requested licensing information for all licensed physicians who you will employ or with whom you will contract to provide antepartum, intrapartum, and/or postpartum professional services. If the CPSP applicant will be providing any of these services, then the applicant should also be listed.

Only California licensed practitioners who have no revocations, suspensions, or restrictions by the appropriate State Licensing Board may be approved to provide CPSP services or may request changes to their application.

Column 1: Name of applicant (Legal name must be the same as used for Federal IRS Tax Identification):

List complete names (last, first, and middle initial).
Use "NMI" if practitioner has no middle initial.

Column 2:*Type or Specialty:

Enter the abbreviations for the appropriate practitioner type. Please use only the exact abbreviations listed. All practitioners listed must qualify under CCR Section 51179.7 of the Regulations.

Column 3: CA License, Certificate, Registration Number:

List license, certificate, or registration number for practitioners, if applicable.

Column 4: Exp. Date of License, Certificate or Registration # (MM/DD/YY):

List expiration date of license, certificate, or registration number MM/DD/YY).



Column 5: Year of High School Graduation or Degree earned, Institution, College or University attended:

Enter the name of the high school and the year of high school graduation, e.g., "Washington HS-1979" (for Comprehensive Perinatal Health Workers only), or list degree, institution, and year of graduation (college or university), e.g., "B.S.-UCLA, 1979" or "M.P.H.-UC Berkeley, 1979." If a person has more than one degree, list only that degree which qualifies him/her for the practitioner type listed in the application.

Column 6: National Provider Identifier (NPI) Number:

NPI numbers have replaced Medi-Cal Rendering Provider Numbers. Those who are Medi-Cal providers must have a registered NPI number.

Column 7: Years of Experience:

Enter the number of years of qualifying experience for each practitioner.

Columns 8-17: *Proposed Function:*

Indicate which functions the practitioner will perform by placing an "X" in the corresponding columns. Please note that the Comprehensive Perinatal Health Worker (CPHW) cannot perform obstetric or consultative services.

Certified nurse midwife, family nurse practitioner, and pediatric nurse practitioner applicants must indicate the physician under whose supervision he/she practices. Check "Supervision" on the line(s) corresponding with the physician(s) who will be supervising the CPSP practitioners. Regulations require that all services are "provided by or under the personal supervision of a physician." (See CCR, Section 51179 and 51179.5.)

Check "Back up" on the line(s) corresponding with the physician(s) who will provide antepartum, intrapartum, and/or postpartum patient care during the planned or unplanned absence of the attending physician(s).

Check "Consultation" on the line corresponding with the physician(s) who will provide consulting services. **Consultant physicians** are those from whom consultation is sought for patients with obstetrical problems.

Check "Protocol Approval" on the line corresponding with the nutrition, psychosocial, and health education practitioners who will approve protocols for each discipline. New providers who use previously approved template protocols, do not need to have them signed by a health educator, dietician and social worker. However, these protocols must be ≤ 5 years old. Include a statement on the application such as "Using 2009 ABC County Protocols."



Check "Protocol Approval" on the line corresponding with the physician who will approve protocols for nutrition, psychosocial, and health education services. (See Regulations, Section 51179.9, "Protocol.")

Section 5. Please indicate to what extent the applicant or staff has received state-sponsored training in the provision of CPSP services (i.e., CPSP Provider Overview Training). If you have not attended training and you need information on scheduled state-sponsored trainings, contact your local CPSP PSC or visit <http://cdph.ca.gov/cpsp>.

Section 6. Attach and label with sequential numbers the requested documents in the order they are described.

Attachment I: **Prenatal Medical Record Form(s):**

Attach a sample of the prenatal medical record form(s) used in your practice or clinic.

Attachment II: **The Individualized Care Plan:**

Attach a sample care plan.

Attachment III: **Nutrition, Psychosocial, and Health Education Assessment Tools:**

Attach a copy of the initial assessment, trimester reassessment, and postpartum assessment forms for nutrition, psychosocial, and health education services.

Required components of each assessment are outlined in the CCR (Section 51348(c)(1)(A) for nutrition, Section 51348(e)(1)(A) for psychosocial, and Section 51348(d)(2)(A) for health education.)

Attachment IV: **General Description of Practice:**

A general description as to how the practice, clinic, and/or hospital will provide CPSP services for the obstetric, nutrition, psychosocial, and health education components (not to exceed two pages).

In the general description of his/her practice of obstetrics, the applicant must include the total number of employees, the physical facilities, what services will be provided directly and what will be subcontracted, and significant features of the practice location (urban/rural, proximity to



hospital, proximity to clients served, etc.), as well as any other information which might aid the reviewer in understanding the practice, clients, or organization including health education, nutrition, psychosocial services.

Attachment V: **List of Delivery Hospitals**

List the name(s) and address(es) of the hospital(s) where deliveries are planned to take place.

Attachment VI: **List of Referral Services**

List the names and addresses of the persons and agencies that you refer clients to:

- Medical Care (OB and non-OB)
- Well-Child Care (e.g., CHDP)
- Family Planning
- Supplemental Food Program for Women, Infants and Children (WIC)
- Genetic Services
- Dental Services

Indicate if any of these referral services will be provided within your practice setting. If you need information on the services above, contact your local CPSP PSC.

Attachment VII: **Antepartum/Intrapartum/Postpartum and Dual Provider Model Agreements**

All persons or entities other than the CPSP applicant who will be responsible for performing and billing for antepartum, intrapartum, postpartum and Dual Provider Model obstetrical care, must enter into a written agreement or Memorandum of Understanding (MOU). These signed agreement(s) must be attached to the application. Attachment VII is not required if the applicant will be performing and billing for all phases of obstetrical care.

Section 7. Provide the approximate number of total deliveries, and the portion that was Medi-Cal, by the CPSP applicant in the last 12 months.

Furnish any additional information you believe would help to evaluate your application.

Signature: The application should be signed by the CPSP applicant or an



authorized agent of the organization.

Date: This should be the date the application is submitted to the local CPSP PSC for review.



Additional Applicant Information

- Protocols shall be developed, approved, and adopted within six months of the effective date of approval as a CPSP Provider. These protocols must be made available for review by the local CPSP PSC and the California Department of Public Health staff, upon request.
- Once approval has been granted to an applicant to be a CPSP provider, it is the CPSP providers' responsibility to notify the local PSC 30 days in advance of any known changes of the information reported in the original application. These may include any changes of staff (physicians and other comprehensive perinatal practitioners), address of site where services are provided, primary contact person, NPI number, forms, protocols, and delivery hospital(s).
- The CPSP notification process, described above, does **not** relieve CPSP providers of their responsibility to notify Medi-Cal Provider Enrollment Division of any changes affecting their Medi-Cal status (e.g., changes in location, licensed staff, rendering providers, etc.)



CPSP Provider Application Checklist

Please use this checklist in preparing your CPSP Provider Application prior to submitting it to your local CPSP PSC.

- Carefully read over the *Instructions for Completing the Provider Application* and review the *CPSP Regulations*.
- Complete the *Application for Certification as a Comprehensive Perinatal Services Program Provider* (CDPH 4448).
- Attach the *Perinatal Medical Record Form(s)* (Attachment I to CDPH 4448).
- Attach the *Individualized Care Plan Form* (Attachment II to CDPH 4448).
- Attach the *Nutrition, Psychosocial, and Health Education Assessment Tools* (Attachment III to CDPH 4448).
- Attach the *General Description of the Practice* (Attachment IV to CDPH 4448).
- Attach the list of *Delivery Hospitals* (Attachment V to CDPH 4448).
- Attach the list of *Referral Services* (Attachment VI to CDPH 4448).
- Attach the *Antepartum/Intrapartum/Postpartum Agreement(s)* (if applicable) (Attachment VII to CDPH 4448).
- Sign and date the application.
- Submit the original and one copy of the completed application to your local CPSP PSC.