**EHR Review Tool for the Comprehensive Perinatal Services Program (CPSP)**

According to the California State MCAH Policies and Procedures, the documentation and service delivery requirements for CPSP are the same whether a provider has electronic or paper records. This document lists those requirements to determine whether the proposed EHR template for CPSP meets or does not meet documentation requirements. The key to the Sources appears on Page 5. Providers must ensure that EHR comply with the CPSP Program requirements listed in Section 1. Please contact your PSC (name and phone number) if you have questions or if you need to schedule a technical assistance visit,

The PSC is responsible for providing technical assistance to CPSP providers that are developing or adapting EHR for the CPSP Program. This technical assistance will be limited to CPSP program requirements based on regulations.

**CPSP Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1: CPSP Program Requirements**

| Review Process for CPSP EHR Template | | | | | |
| --- | --- | --- | --- | --- | --- |
| Functionality of EHR System | | | | | |
|  | **Element** | **Yes** | **No** | **Source** | Comments |
|  | **Initial Client Orientation** must be provided before any other CPSP services in order to ensure patient’s agreement to participate in the program. |  |  | (1) §51348.2. Patient Rights |  |
|  | **Additional Client Orientation** may be **billed throughout the pregnancy and postpartum.** |  |  | (3) |  |
|  | Medical staff, when working in the OB template, can view the CPSP ICP. |  |  |  |  |
|  | Allows the three assessments (psychosocial, health education and nutrition) to be completed and billed in any order, and on multiple dates, separately or combined. |  |  | (3) p 6 |  |
|  | Group perinatal education (Z6412) may be rendered before the initial health education assessment is completed. |  |  | (2) p 4 |  |
|  | The initial assessment within the discipline area (nutrition, health education or psychosocial) must be completed before providing any intervention services within that discipline. |  |  | (2) p 2 Intervention Services |  |
|  | The system prompts staff to complete required fields before completing the assessment |  |  |  |  |
|  | Identification of a patient need/risk leads to suggested interventions and referrals that correspond to the clinic CPSP protocols, or staff have the ability to enter issues into the system. |  |  | (1) §51179.8 |  |
|  | The system prompts care plan updates at least each trimester and enables staff to use it as a tool to plan and monitor care |  |  | T 22 §51348 |  |
|  | The system prompts other referrals as indicated |  |  | W&I §14134.5(d) |  |
|  | System follow up to make sure services received |  |  | W&I §14134.5(d) |  |
|  | Complies with all CPSP Medi-Cal **billing codes (see billing summary).** |  |  | (1) §51504 |  |
|  | Complies with all CPSP Medi-Cal **service limits** for each billing code. |  | | | |
|  | 1. Support services in excess of the maximum units of service require a Treatment Authorization Request (TAR) or for FQHC’s, a TAR-like note. |  |  | (1) §51504 (4)  (2) p 12 |  |
|  | 1. Perinatal education, group (Z6412) is limited to 16 units per recipient per day unless there is detailed documentation explaining the need for more than 16 units. |  |  | (1) §51504 (4)  (3) p 4 |  |
| Requirements as listed in Title 22, California Code of Regulations, H&S Code and W&I Code, and CPSP Policies | | | | | |
| CPSP Client Orientation | | **Yes** | **No** | **Source** | Comments |
|  | Includes the seven required elements. | | | | |
|  | 1. What services will be provided |  |  | §51348.1 (i) |  |
|  | 1. Who will provide the services |  |  | §51348.1 (i) |  |
|  | 1. Where to obtain the services |  |  | §51348.1 (i) |  |
|  | 1. When the services will be delivered |  |  | §51348.1 (i) |  |
|  | 1. Procedures to follow in case of an emergency |  |  | §51348.1 (i) |  |
|  | 1. Patient rights |  |  | §51348.2 (c) |  |
|  | 1. Participation is voluntary |  |  | §51348.2 (a) |  |
| Obstetric Requirements | | **Yes** | **No** | **Source** | Comments |
|  | Prenatal Medical Record incorporates the most recent edition of the American College of Obstetricians and Gynecologists (ACOG) guidelines (information item; provider is responsible to assure). |  |  | (8) p. 1-8  (8) p 2-9 |  |
| Assessments | | **Yes** | **No** | **Source** | Comments |
|  | All seven pregnancy weight gain grids (2009 Institute of Medicine) are present and function appropriately as demonstrated, which includes plotting the weight at each visit as recorded. |  |  | (9) p NUTR-10 |  |
| Initial CPSP Assessment | | | | | |
|  | Psychosocial |  |  | (1) §51348 (e) (1) (A) |  |
|  | Health Education |  |  | (1) §51348 (d) (2) (A) |  |
|  | Nutrition |  |  | (1) §51348(c) (1) (A) |  |
|  | 1. Perinatal dietary assessment |  |  | (1) §51348 (c) (1) (A) |  |
| Second Trimester CPSP Reassessment | | | | |  |
|  | Psychosocial |  |  | (1) §51348 (e) (1) (B) |  |
|  | Health Education |  |  | (1) §51348 (d) (2) (B) |  |
|  | Nutrition |  |  | (1) §51348(c) (1) (B) |  |
|  | 1. Perinatal dietary assessment |  |  | (1) §51348(c) (1) (B) |  |
| Third Trimester CPSP Reassessment | | | | |  |
|  | Psychosocial |  |  | (1) §51348 (e) (1) (B) |  |
|  | Health Education |  |  | (1) §51348 (d) (2) (B) |  |
|  | Nutrition |  |  | (1) §51348(c) (1) (B) |  |
|  | 1. Perinatal dietary assessment |  |  | (1) §51348(c) (1) (B) |  |
| Postpartum CPSP Assessment | | | | |  |
|  | Psychosocial |  |  | (1) §51348 (e) (4) |  |
|  | Health Education |  |  | (1) §51348 (d) (4) |  |
|  | Nutrition |  |  | (1) §51348(c) (5) |  |
|  | 1. Perinatal dietary assessment |  |  | (1) §51348(c) (5) |  |
| Individualized Care Plan | | **Yes** | **No** | **Source** | Comments |
|  | Includes identification of risks; prioritization of needs; proposed interventions, including methods, timeframes |  |  |  |  |
|  | Includes patient strengths |  |  | T 22 §51348 |  |
|  | Includes patient goals |  |  | T 22 §51348 |  |
| Referrals and Care Coordination | | **Yes** | **No** | **Source** | Comments |
|  | The system prompts required referrals: |  | | | |
|  | 1. Women, Infant and Children (WIC) |  |  | §51348(j) |  |
|  | 1. Genetic Screening |  |  | §51348(j) |  |
|  | 1. Dental Care |  |  | §51348(j) |  |
|  | 1. Family Planning |  |  | §51348(j) |  |
|  | 1. Well Child Care (CHDP) |  |  | §51348(j) |  |
| Documentation Requirements | | **Yes** | **No** | **Source** | Comments |
|  | Shows **coordination** of obstetric and support services including the **personal supervision** by a licensed physician, of services performed by others through direct communication, either in person or through electronic means. Each provider’s protocols must define how personal supervision by a physician occurs and is documented. |  |  | (1) **§**51179.5Personal Supervision  (2) p 2 Policies and Reimbursement-Introduction |  |
|  | Includes a **CPSP Progress Note** for documenting and billing with date, staff signature and CPSP practitioner title and number of minutes. |  |  | (1) §51179.7 |  |
|  | 1. Each CPSP support service includes the date, signature of the staff providing the service, CPSP practitioner title and time in minutes. |  |  | (1) §51179.7  (7) p 1 Documentation of CPSP |  |
|  | 1. If the person is a comprehensive perinatal health worker, his/her physician supervisor's signature should appear on the patient record. CPHWs must work under the direct supervision of a physician. |  |  | §51179.7(a)(10)(B) |  |
|  | Record documents attendance at group classes including the name of class, date and length of the class in minutes and the name and title of the CPSP practitioner conducting the class. The provider keeps separate records of group classes with class lists and signatures of attendees and instructors. |  |  | (7) p 2 Documentation of CPSP |  |

**Section 2: Optional but Recommended Features**

| Reporting and Monitoring | | Yes | No | Source | Comments |
| --- | --- | --- | --- | --- | --- |
|  | The system allows for extraction of service and outcome data from CPSP and OB fields. |  |  | H&S § 123500 |  |
|  | The system has fields to collect birth outcome data and the ability to communicate these data to the State. Fields include but are not limited to: |  |  | W&I § 14134.5(i) |  |
|  | 1. Gender |  |  | “ |  |
|  | 1. Birth Weight |  |  | “ |  |
|  | 1. Gestational Age |  |  | “ |  |
|  | 1. Delivery method |  |  | “ |  |
|  | 1. Infant complications |  |  | “ |  |
|  | 1. Maternal complications (GDM) |  |  | “ |  |
|  | The system allows for software updates to enable State reporting |  |  |  |  |
|  | The system generates reports to conduct QA of services and outcomes, including but not limited to: |  |  | “ |  |
|  | 1. Assessment completion |  |  |  |  |
|  | 1. Reassessments |  |  |  |  |
|  | 1. Care plan completion |  |  |  |  |
|  | 1. Care plan updates |  |  |  |  |
| Elements | | **Yes** | **No** | Comments | |
|  | Uses **drop-down lists** for the most common responses to facilitate data collection, analysis and planning. |  |  |  | |
|  | Identification of a patient need links to ***Steps to Take*** handouts or other appropriate resources that can be printed on demand. |  |  |  | |
|  | Identification of a patient need **automatically populates the CPSP ICP** (individualized care plan) that shows which interventions were provided. |  |  |  | |
|  | System populates reassessments with client’s previous answers and staff must change to current response or verify there is no change. |  |  |  | |
|  | System populates patient information such as date of birth, EDC, labs, etc. in the relevant sections of the obstetric and CPSP templates. |  |  |  | |

**Section 3:**

I confirm that the above information is true and accurate to the best of my knowledge.

Provider’s Authorized Agent Name and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Disposition by Perinatal Services Coordinator (PSC)**

❒ All required elements are checked YES or a different alternative to document process is identified in the comments area.

❒ Required elements are missing

❒ Required changes to meet requirements:

PSC’s Name: County/City:

Signature: Date:

**Section 5: Resources**

K**ey to California State References:**

(1) CPSP Title 22 Regulations located in the appendix of the Provider Handbook

<https://apps.cce.csus.edu/sites/CPSP/docs2016/CPSP-ProviderHandbook-Fall2016-ActiveLinks.pdf>

(2) Medi-Cal CPSP Manual: Pregnancy: Comprehensive Perinatal Services Program (CPSP) preg com

<http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pregcom_m00o03.doc>

(3) Medi-Cal CPSP Manual: Pregnancy: Comprehensive Perinatal Services Program (CPSP) List of Billing Codes preg com lis

<http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pregcomlis_m00o03.doc>

(4) State MCAH 2016-2017 Policies and Procedures

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/LocalMCAH/CDPH%20Document%20Library/MCAH-Policies-and-Procedures.pdf>

(5) CPSP Provider Application and Instructions for Completing the CPSP Application (form CDPH 4448 (9/17))

<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph4448.pdf>

(6) Revised Documentation Guidelines State Department of Health Services Program Letter #92-06 August 20, 1992

[http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/MO-PL9206Aug1992-RevDocumentationGuidelines.pdf](http://cdphiprod/HealthInfo/healthyliving/childfamily/Documents/MO-PL9206Aug1992-RevDocumentationGuidelines.pdf)

(7) CPSP Provider Handbook

<http://www.cvent.com/events/cpsp-orientation-training-2017-2018/custom-18-33484c8f25e74ce2a1b5a7482b171e8e.aspx>

(8) CPSP Steps to Take Guidelines (2017)

<http://www.cvent.com/events/cpsp-orientation-training-2017-2018/custom-18-33484c8f25e74ce2a1b5a7482b171e8e.aspx>