

Comprehensive Perinatal Services Program Electronic Health Record Template Review Tool

According to the MCAH Policies and Procedures, the CPSP documentation and service delivery requirements are the same whether a provider has electronic or paper records. Use this document to determine whether the proposed Electronic Health Records (EHR) template meets or does not meet Title 22 documentation requirements. CPSP providers are responsible for ensuring the EHR complies with the program requirements listed in Section 1. The local Perinatal Services Coordinator (PSC) is responsible for providing technical assistance to CPSP providers who are developing or adapting EHR. This technical assistance is limited to CPSP requirements based on [Title 22 regulations](#).

CPSP Provider's Name:

Section 1: System Functionality Requirements

	Criteria Met	Source	Comments
1. Initial Client Orientation services provided before other CPSP services to obtain patient's agreement to participate in the program	Yes No	(1) §51348.2 Patient Rights	
2. Additional Client Orientation services billed throughout the pregnancy and postpartum	Yes No	(3)	
3. Allows review of the Individualized Care Plan (ICP) while working in the obstetrics template	Yes No		
4. Allows completion and billing of the psychosocial, health education and nutrition assessments in any order and on multiple dates, separately or combined	Yes No	(3) p 6	
5. Allows provision of group perinatal education (Z6412) before the initial health education assessment is completed	Yes No	(2) p 4	
6. Initial assessment within each discipline completed before provision of intervention services within that discipline	Yes No	(2) p 2 Intervention Services	
7. System prompts staff to complete required fields before completing the assessment	Yes No		
8. Client's identified needs/risks lead to recommended interventions and referrals per the clinic's perinatal protocols, or staff have the ability to enter issues into the system	Yes No	(1) §51179.8	
9. System prompts ICP updates each trimester and is used as a tool to plan and monitor care	Yes No	22 CCR §51348	
10. System prompts other referrals as indicated	Yes No	W&I §14134.5(d)	

	Criteria Met	Source	Comments
11. System prompts follow-up to ensure services are received	Yes No	W&I §14134.5(d)	
12. Complies with all Medi-Cal CPSP billing codes (see billing summary)	Yes No	(1) §51504	
13. Complies with all Medi-Cal CPSP maximum allowances for each billing code.	Yes No		
a. Services in excess of the maximum units of service require a TAR or, for FQHCs, a TAR-like note.	Yes No	(1) §51504(4) (3) p 4	
b. 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.	Yes No	(1) §51504(4) (3) p 4	

Section 2: Program Policy, Title 22 Regulation, Health & Safety Code, and Welfare & Institutions Code Requirements

CPSP Client Orientation

Policy	Criteria Met	Source	Comments
14. Provider informed client of the following:			
a. Services to be provided	Yes No	CCR 22 §51348.1(i)	
b. Practitioner who will provide the services	Yes No	CCR 22 §51348.1(i)	
c. Where to obtain the services	Yes No	CCR 22 §51348.1(i)	
d. When the services will be delivered	Yes No	CCR 22 §51348.1(i)	
e. Procedures to follow in case of an emergency	Yes No	CCR 22 §51348.1(i)	
f. Patient rights	Yes No	CCR 22 §51348.2(c)	
g. Participation is voluntary	Yes No	CCR 22 §51348.2(a)	

Prenatal Medical Record

Policy	Criteria Met	Source	Comments
15. Prenatal Medical Record incorporates the most recent edition of the ACOG guidelines (information item; provider is responsible to assure).	Yes No		

Assessments

Policy	Criteria Met	Source	Comments
16. All prenatal weight gain grids are present and function appropriately, which includes plotting the weight at each visit as recorded.	Yes No		
17. Initial Psychosocial Assessment	Yes No	(1) §51348 (e)(1)(A)	
18. Initial Health Education Assessment	Yes No	(1) §51348(d)(2)(A)	
19. Initial Nutrition Assessment	Yes No	(1) §51348(c)(1)(A)	
a. Initial Perinatal Dietary Assessment	Yes No	(1) §51348(e)(1)(B)	
20. Second Trimester Psychosocial Assessment	Yes No	(1) §51348(e)(1)(B)	
21. Second Trimester Health Education Assessment	Yes No	(1) §51348 (d)(2)(B)	
22. Second Trimester Nutrition Assessment	Yes No	(1) §51348 (c)(1)(B)	
a. Second Trimester Perinatal Dietary Assessment	Yes No	(1) §51348(c)(1)(B)	
23. Third Trimester Psychosocial Assessment	Yes No	(1) §51348(e)(1)(B)	
24. Third Trimester Health Education Assessment	Yes No	(1) §51348(d)(2)(B)	

Policy	Criteria Met	Source	Comments
25. Third Trimester Nutrition Assessment	Yes No	(1) §51348(c)(1)(B)	
a. Third trimester Perinatal Dietary Assessment	Yes No	(1) §51348(c)(1)(B)	
26. Postpartum Psychosocial Assessment	Yes No	(1) §51348(e)(4)	
27. Postpartum Health Education Assessment	Yes No	(1) §51348(d)(4)	
28. Postpartum Nutrition Assessment	Yes No	(1) §51348(c)(5)	
a. Postpartum Perinatal Dietary Assessment	Yes No	(1) §51348(c)(5)	

Individual Care Plan

Policy	Criteria Met	Source	Comments
29. Includes identification of risks; prioritization of needs; proposed interventions, including methods and timeframes	Yes No		
30. Includes client's strengths	Yes No	22 CCR §51348	
31. Includes client's goals	Yes No	22 CCR §51348	

Referrals and Case Coordination

Policy	Criteria Met	Source	Comments
32. System prompts required referrals:	Yes No		
a. Women, Infants, and Children (WIC)	Yes No	§51348(j)	

Policy	Criteria Met	Source	Comments
b. Genetic Screening	Yes No	§51348(j)	
c. Medi-Cal Dental Care	Yes No	§51348(j)	
d. Family Planning, Access, Care and Treatment (Family PACT)	Yes No	§51348(j)	
e. Child Health and Disability Prevention (CHDP)	Yes No	§51348(j)	
33. 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.	Yes No	(1) §51179.5 Personal Supervision (2) p. 2 Policies and Reimbursement Introduction	
34. Includes a CPSP Progress Note for documenting and billing with date, CPSP practitioner's signature and title, and time spent in minutes	Yes No	(1) §51179.7	
a. Each CPSP support service includes the date, CPSP practitioner's signature and title and time spent in minutes	Yes No	(1) §51179.7 (7) p. 1 Documentation of CPSP	
b. If the practitioner is a CPHW, the physician supervisor's signature must appear on the patient record. CPHWs must work under the direct supervision of a licensed physician.	Yes No	§51179.7(a)(10)(B)	

Section 3: Recommended Optional Features – Reporting and Monitoring

Policy	Criteria Met	Source	Comments
35. Record documents attendance at group classes including the name of the 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.	Yes No	(7) p. 2 Documentation of CPSP	

Policy	Criteria Met	Source	Comments
36. System allows for extraction of service and outcome data from CPSP and OB fields	Yes No	HSC §123500	
37. 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:	Yes No	WIC §14134.5(i)	
a. Gender	Yes No	WIC §14134.5(i)	
b. Birth weight	Yes No	WIC §14134.5(i)	
c. Gestational age	Yes No	WIC §14134.5(i)	
d. Delivery method	Yes No	WIC §14134.5(i)	
e. Infant complications	Yes No	WIC §14134.5(i)	
f. Maternal complications	Yes No	WIC §14134.5(i)	
38. System allows for software updates to enable State reporting	Yes No		
39. System generates reports to conduct QA of services and outcomes, including, but not limited to:	Yes No	WIC §14134.5(i)	
a. Assessment completion	Yes No		
b. Reassessments	Yes No		
c. Individualized Care Plan development	Yes No		
d. Individualized Care Plan updates	Yes No		

Section 4: Recommended Optional Features – System Function and Design

Policy	Criteria Met	Comments
1. Uses drop-down lists for the most common responses to facilitate data collection, analysis and planning.	Yes No	
2. Identification of a patient need links to Steps to Take handouts or other appropriate resources that can be printed on demand.	Yes No	
3. Identification of a patient need automatically populates the CPSP ICP (individualized care plan) that shows which interventions were provided.	Yes No	
4. System populates reassessments with client's previous answers and staff must change to current response or verify there is no change.	Yes No	
5. System populates patient information such as date of birth, EDC, labs, etc. in the relevant sections of the obstetric and CPSP templates.	Yes No	

Section 5: Provider's Signature

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 6: PSC's Signature

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

Required elements are missing

Changes needed to meet requirements:

PSC's Name:

LHJ:

PSC's Signature:

Date: