

TITLE 22 CPSP REGULATIONS

§51179. Comprehensive Perinatal Services “Comprehensive perinatal services” means obstetric, psychosocial, nutrition, and health education services, and related case coordination provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery.

§51179.1. Comprehensive Perinatal Provider “Comprehensive perinatal provider” means any general practice physician, family practice physician, obstetrician/gynecologist, pediatrician, a group, any of whose members are one of the above-named physicians, or any preferred provider organization, organized outpatient clinic, or any other clinic holding a valid Medi-Cal provider number, approved by the Department to provide comprehensive perinatal services.

§51179.2. Comprehensive Perinatal Nutrition Services “Comprehensive perinatal nutrition services” means direct patient care nutrition services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10.

§51179.3. Comprehensive Perinatal Psychosocial Services. “Comprehensive perinatal psychosocial services” means direct patient care psychosocial services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10.

§51179.4. Comprehensive Perinatal Health Education Services. “Comprehensive perinatal health education services” means direct patient care health care education services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10.

§51179.5. Personal Supervision. “Personal supervision” means evaluation, in accordance with protocols, by a licensed physician, of services performed by others through direct communication, either in person or through electronic means.

§51179.6. Case Coordination. “Case coordination” means organizing the provision of comprehensive perinatal services, and includes, but is not limited to, supervision of all aspects of patient care including antepartum, intrapartum, and postpartum.

§51179.7. Comprehensive Perinatal Practitioner.

- (a) “Comprehensive Perinatal Practitioner” means any one of the following:
- (1) A physician who is either:
 - (A) A general practice physician, or
 - (B) A family practice physician, or
 - (C) A pediatrician, or
 - (D) An obstetrician-gynecologist.
 - (2) A Certified Nurse Midwife as defined in Section 51170.2
 - (3) A Registered Nurse who is licensed as such by the Board of Registered Nursing and who has one year experience in the field of maternal and child health.
 - (4) A Nurse Practitioner as defined in Section 51170.3.
 - (5) A Physician’s Assistant as defined in Section 51170.1.
 - (6) A social worker who either:
 - (A) Holds a Master’s Degree or higher in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has on year of experience in the field of Maternal and Child Health, or

- (B) Holds a Master's Degree in psychology or Marriage, Family and Child counseling and has one year of experience in the field of Maternal and Child Health, or
 - (C) Holds a Baccalaureate Degree in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year experience in the field of Maternal and Child Health.
- (7) A health educator who either has:
- (A) 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, or
 - (B) A Baccalaureate Degree with a major in Community or Public Health Education and who has one year of experience in the field of Maternal and Child Health.
- (8) A childbirth educator who is:
- (A) Licensed as a Registered Nurse by the Board of Registered Nursing and has one year experience in a program which complies with the "Guidelines for Childbirth Education" (last published in 1981), herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, South West, Suite 300 East, Washington, D.D., 20024-2588 or
 - (B) A Certified Childbirth Educator who has completed a training program and is currently certified to teach that method of childbirth education by the American Society for Psychoprophylaxis in Obstetrics, or Bradley, or the International Childbirth Education Association.
- (9) A dietician who is registered, or is eligible to be registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association, with one year of experience in the field of perinatal nutrition.
- (10) A comprehensive perinatal health worker who:
- (A) Is at least 18 years of age, is a high school graduate or equivalent, and has at least one year of full-time paid practical experience in providing perinatal care;
 - (B) Provides services in a clinic that is either licensed or exempt from licensure under Section 1200 et seq. and 1250 et seq. of the Health and Safety Code, under the direct supervision of a comprehensive perinatal practitioner as defined in Section 51179.7(a)(1).
- (11) A licensed vocational nurse who is licensed under Section 2516 of the Business and Professions Code and who has one year of experience in the field of Maternal and Child Health.
- (12) A licensed midwife as defined in Section 51191. Authority cited: WIC sections 10725, 14105 and 14124.5. Reference: WIC sections 14053, 14132 and 14134.5.

§51179.8. Individualized Care Plan. "Individualized Care Plan" means a document developed by a comprehensive perinatal practitioner(s) in consultation with the patient. The plan consists of four components; obstetrical, nutritional, health education, and psychosocial. Each component includes identification of risk conditions, prioritization of needs, proposed interventions including methods, time frames, and outcome objectives, proposed referrals and staff persons' respective responsibilities, based on the results of assessments.

§51179.9. Protocol. “Protocol” means written procedures for providing psychosocial, nutrition, and health education services and related case coordination. Protocols shall be approved by the Comprehensive Perinatal Provider as defined in Section 51179.7(a) (1) and the Comprehensive Perinatal Practitioners as defined in Sections 51179.7(a) (6) (A) or 51179.7(a) (6) (B), and Section 51179.7(a) (7) (A) and Section 51179.7(a) (9). Protocols shall be developed, approved, and adopted within six months of the effective date of provider approval as a Comprehensive Perinatal Provider.

§51249. Application Process for Comprehensive Perinatal Providers.

- (a) Except where a capitated health system contract entered into by Department provides otherwise, to become a comprehensive perinatal provider as defined in Section 51179.1, the Medi-Cal enrolled provider shall complete and submit a Department approved application form entitled Application to Participate in the Comprehensive Perinatal Services Program to the local health department or designated State agent for review. The designated agent may include counties or other non-profit organizations as designated by the Director of the Department. Applications shall be available from the local Perinatal Services Coordinator or the CDPH Maternal, Child and Adolescent Health Division, 1615 Capitol Avenue, MS 8306, Sacramento, CA, 95814.
- (b) The department shall utilize the following criteria in evaluating application.
 - (1) Provider’s ability to provide the services specified in Section 51348 through the provider’s own service or through subcontractors.
 - (2) Training and experience of providers rendering services specified in Section 51348.
 - (3) Quality of care rendered by providers as evidenced by history of:
 - (A) Revocations, suspensions, or restrictions by a licensing authority.
 - (B) The extent of training received in the provision of comprehensive perinatal care which has been approved by the State.
- (c) The Department shall have responsibility for the final decision and for notifying the provider of acceptance or rejection of the application.
- (d) The Department shall:
 - (1) Within 60 calendar days from receipt of the application, inform the applicant in writing that the application is complete and acceptable or that the application is deficient and what specific information or clarification is necessary.
 - (2) Within 60 calendar days from receipt of an application which is complete upon initial submission, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.
 - (3) Within 60 calendar days from receipt of any information or clarification necessary to make an application complete, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.
 - (4) Send written notification to be applicant upon approval or denial for participation as a comprehensive perinatal provider. The written notification of the denial shall contain the basis for the denial.
- (e) An applicant whose application has been denied shall have 30 calendar days from the date of the receipt of written notification of the denial to submit a written appeal to the Department. This written appeal shall contain factual statements as to why the applicant meets the criteria which have been cited as the basis for the denial of the application. The Department shall issue a written decision within 60 calendar days of receipt of the applicant’s appeal.

§51348. Comprehensive Perinatal Services.

- (a) Comprehensive perinatal services, as defined in Section 51179, are covered to the extent specified in this section. Prior authorization is required for nutrition, psychosocial and health education services, which exceed the Maximum Frequency amounts as set forth in Section 51504.
- (b) Except where a capitated health system contract entered into by the Department provides otherwise, obstetric services in addition to all necessary medical care shall include, but are not limited to:
 - (1) A written assessment of each patient's obstetric component.
 - (2) Preparation of the individualized care plan obstetric status.
- (c) Except where a capitated health system contract entered into by the Department provides otherwise, nutrition services shall include but are not limited to:
 - (1) Written assessments of each patient's nutritional status.
 - (A) A complete initial nutrition assessment shall be performed at the initial visit or within four weeks thereafter and shall include: anthropometric data, biochemical data, clinical data, and dietary data.
 - (B) A nutrition reassessment using updated information shall be offered to each client at least once every trimester and the individualized care plan revised accordingly.
 - (2) Preparation of the individualized care plan nutritional component that address:
 - (A) The prevention and/or resolution of nutrition problems.
 - (B) The support and maintenance of strengths and habits oriented toward optimal nutritional status, and;
 - (3) Dispensing, as medically necessary, prenatal vitamin/mineral supplement to each client.
 - (4) Treatment and intervention directed toward helping the patient understand the importance of, and maintain good nutrition during pregnancy and lactation, with referrals as appropriate.
 - (5) Postpartum reassessment, development of a care plan, and interventions.
- (d) Except where a capitated health system contract entered into by the Department provides otherwise, health education services shall include, but are not limited to:
 - (1) Client orientation including, but not limited to provision of detailed information regarding the services to be provided, what to do in case of an emergency, and:
 - (2) Written assessment of each patient's health education status.
 - (A) A complete initial education assessment shall be performed at the initial visit or within four weeks thereafter and shall include an evaluation of: current health practices; past experience with health care delivery systems; prior experience with and knowledge about pregnancy, prenatal care, delivery, postpartum self-care, infant care, and safety; client's expressed learning need; formal education and reading level; learning methods most effective for the client; educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff; languages spoken and written; mental, emotional, or physical disabilities that affect learning; mobility/residency; religious/cultural influences that impact upon perinatal health; and client and family or support person's motivation to participate in the educational plan.
 - (B) An education reassessment using updated information shall be offered to each client every trimester and the individualized care plan revised accordingly.
 - (3) Preparation of the individualized care plan health education component that addresses:
 - (A) Health education strengths.

- (B) The prevention and/or resolution of health education problems and/or needs and medical conditions and health promotion/risk reduction behaviors which can be ameliorated and/or resolved through education.
 - (C) The goals to be achieved via health education interventions.
 - (D) Health education interventions based on the patient's identified needs, interests, and capabilities, and particularly directed toward assisting the patient to make appropriate, well-informed decisions about her pregnancy delivery, and parenting, with referrals, as appropriate.
 - (4) Postpartum assessment, development of care plan, an interventions.
- (e) Except where a capitated health care system contract entered into by the Department provides otherwise, psychosocial services shall include, but are not limited to:
- (1) Written assessments of each patient's psychosocial status.
 - (A) A complete initial assessment of psychosocial functioning shall be performed at the initial visit or within four weeks thereafter and shall include review of: current status including social support system; personal adjustment to pregnancy; history of previous pregnancies; patient's goals for herself in this pregnancy; general emotional status and history; wanted or unwanted pregnancy, acceptance of the pregnancy; substance use and abuse; housing/household; education/employment; and financial/material resources.
 - (B) A psychosocial reassessment using updated information shall be offered to each client every trimester, and the individualized care plan revised accordingly.
 - (2) Preparation of the individualized care plan psychosocial component that addresses:
 - (A) The prevention an/or resolution of psychosocial problems.
 - (B) The support and maintenance of strengths in psychosocial functioning, and:
 - (C) The goals to be achieved via psychosocial interventions.
 - (3) Treatment and intervention directed toward helping the patient understand and deal effectively with the biological, emotional, and social stresses of pregnancy with referrals, as appropriate.
 - (4) Postpartum reassessment, development of a care plan, and interventions.
- (f) Review and revision of the care plan shall occur during the antenatal, intrapartum, and postpartum periods on a regular basis and will be based on repeated and ongoing assessments and evaluation of the client's status.
- (g) Nutrition, psychosocial, and health education services ad defined in Sections 51179.2, 51179.3, and 51179.4 shall be provided by a comprehensive perinatal practitioner as defined under Section 51179.7.
- (h) Each Comprehensive Perinatal Provider shall perform the duties of, or shall have on staff or employ or contract with one or more comprehensive perinatal practitioners as defined in Section 51179.7, to provide interdisciplinary services.
- (i) Each Comprehensive Perinatal Provider shall inform the beneficiary what services will be provided, who will provide these services, where to obtain the services, when the services will be delivered, and procedures to follow in case of emergency.

- (j) The Comprehensive Perinatal Provider shall refer patients, as appropriate, to services not specifically made part of comprehensive perinatal services, as defined in Section 51179. These services shall include, but are not limited to, those provided by the following programs: Women, Infants, and Children Supplemental Foods, Child Health and Disability Prevention, Family Planning, Genetic Disease, and Dental.
- (k) The Comprehensive Perinatal Provider shall complete and forward to the Department, upon request, a Perinatal Data Form in a format prescribed by the Department for each patient served.

§51348.1. Comprehensive Perinatal Standards of Care.

- (a) Services shall be provided in conformance with:
 - (1) "Standards for Obstetric-Gynecologic Services, Sixth Edition", herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, South West, Suite 300 East, Washington D.C., 20024-2588.
 - (2) Newborn Screening Regulations as set forth in Title 17, California Administrative Code, Section 6500 et seq.
 - (3) Hemolytic Disease of the Newborn Requirements as set forth in Title 17, California Administrative Code, Section 6510 et seq.

§51348.2. Patient Rights.

- (a) Patient participation in the comprehensive perinatal services program shall be voluntary. Each eligible patient shall be informed about the services available in the program, the potential risks and benefits of participation, and alternative obstetric care if she chooses not to participate in the program.
- (b) Prior to the administration of any assessment, drug, procedure, or treatment, the patient shall be informed of potential risks or hazards which may adversely affect her or her unborn infant during pregnancy, labor, birth or postpartum and the alternative therapies available to her. The patient has a right to consent or refuse the administration of any assessment, drug, procedure or treatment.
- (c) The patient has the right to be treated with dignity and respect, to have her privacy and confidentiality maintained, to review her medical treatment and record with her physician or practitioner, to be provided explanations about tests and clinic procedures, to have her questions answered about her care, and to participate in the planning and decisions about her management during pregnancy, labor and delivery.

§51504. Comprehensive Perinatal Services.

- (a) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for comprehensive perinatal obstetric, nutrition, psychosocial, and health education services shall be made only to comprehensive perinatal providers defined in Section 51179.1.
- (b) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for comprehensive perinatal obstetric, services shall not exceed the maximum allowances for similar services established in Sections 51503, 51509 or 515093.1, whichever is applicable, plus the following amounts.
 - (1) An additional \$50.00 shall be allowed for the initial comprehensive medical office visit when provided within 16 weeks of the last menstrual period.

- (2) An additional \$100.00 in total shall be allowed for the tenth and all subsequent prenatal office visits when billing occurs on a "by-visit" basis.
- (c) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for pathology services shall not exceed the maximum allowances established in Section 51529.
- (d) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement of comprehensive perinatal nutrition, psychosocial, and health education services shall not exceed the maximum allowances listed in this section. Reimbursement shall be claimed only for time spent rendering covered patient care services while in direct personal contact with the patient. Reimbursement shall not be claimed for similar services provided under the Maternal and Child Health program.
- (e) Reimbursement for the following combined perinatal assessment procedure shall be allowed only when all three indicated assessments and the initial comprehensive medical examination have been performed.

(1) Maximum allowances for comprehensive perinatal nutrition, psychosocial, and health education assessment:

<u>Procedure Code</u>	<u>Maximum Allowance</u>
Z6500	\$135.83

(2) Maximum allowances for comprehensive perinatal nutrition services:

Z6200	\$16.83
Z6202	8.41
Z6204	8.41
Z6206	2.81
Z6208	8.41
S0197	3.00

(3) Maximum allowances for comprehensive perinatal psychosocial services:

Z6300	\$16.83
Z6302	8.41
Z6304	8.41
Z6306	2.81

Z6308	Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 mins (Maximum 1 1/2 hours)	8.41
(4)	Maximum allowances for comprehensive perinatal health education services:	
Z6400	Client orientation, each 15 minutes (Maximum 2 hours)	8.41
Z6402	Initial health education assessment and development of care plan, first 30 minutes	16.83
Z6404	Initial health education assessment and development of care plan, each subsequent 15 minutes (Maximum 2 hours)	8.41
Z6406	Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (Maximum 2 hours)	8.41
Z6408	Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (Maximum 2 hours)	2.81
Z6410	Perinatal education, individual, each 15 minutes (Maximum 4 hours)	8.41
Z6412	Perinatal education, group, per patient, each 15 minutes (Maximum 18 hours)	2.81
Z6414	Postpartum health education assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum 1 hour)	8.41

WELFARE & INSTITUTIONS CODE § 14134.5

The provisions of WIC § 14134.5 are pursuant to WIC §14132(u), which states: "Comprehensive perinatal services, as provided through an agreement with a health care provider designated in §14134.5 and meeting the standards developed by the department pursuant to §14134.5, subject to utilization controls."

- (a) "Comprehensive perinatal provider" means any general practice physician, family practice physician, obstetrician-gynecologist, pediatrician, certified nurse midwife, a group, any of whose members is one of the above-named physicians, or any preferred provider organization or clinic enrolled in the Medi-Cal program and certified pursuant to the standards of this section.
- (b) "Perinatal" means the period from the establishment of pregnancy to one month following delivery.
- (c) "Comprehensive perinatal services" shall include, but not be limited to, the provision of the combination of services developed through the Department of Health Services Obstetrical Access Pilot Program.
- (d) The comprehensive perinatal provider shall schedule visits with appropriate providers and shall track the patient to verify whether services have been received. As part of the reimbursement for coordinating these services, the comprehensive perinatal provider shall ensure the provision of the following services either through the provider's own service or through subcontracts or referrals to other providers:
 - (1) A psychosocial assessment and when appropriate referrals to counseling.
 - (2) Nutrition assessments and when appropriate referral to counseling on food supplement programs, vitamins and breast-feeding.

- (3) Health, childbirth, and parenting education.
- (e)
 - (1) Except where existing law prohibits the employment of physicians, a health care provider may employ or contract with all of the following medical and other practitioners for the purpose of providing the comprehensive services delineated in this section:
 - (A) Physicians, including a general practitioner, a family practice physician, a pediatrician, or an obstetrician-gynecologist.
 - (B) Certified nurse midwives.
 - (C) Licensed midwives.
 - (D) Nurses.
 - (E) Nurse practitioners.
 - (F) Physician assistants.
 - (G) Social workers.
 - (H) Health and childbirth educators.
 - (I) Registered dietitians.
 - (2) The department shall adopt regulations which define the qualifications of any of these practitioners who are not currently included under the regulations adopted pursuant to this chapter. Providers shall, as feasible, utilize staffing patterns which reflect the linguistic and cultural features of the populations they serve.
- (f) CMAP and the MCAH Division of the California Department of Public Health, in consultation with the California Conference of Local Health Officers, shall establish standards for health care providers and for services rendered pursuant to this subdivision.
- (g) The department shall assist local health departments to establish a community perinatal program whose responsibilities may include certifying and monitoring providers of comprehensive perinatal services. The department shall provide the local health departments with technical assistance for the purpose of implementing the community perinatal program. The department shall, to the extent feasible, and to the extent funding for administrative costs is available, utilize local health departments in the administration of the perinatal program. If these funds are not available, the department shall use alternative means to implement the community perinatal program.
- (h)
 - (1) It is the intent of the Legislature that the department shall establish a method for reimbursement of comprehensive perinatal providers which shall include a fee for coordinating services and which shall be sufficient to cover reasonable costs for the provision of comprehensive perinatal services. The department may utilize fees for service, capitated fees, or global fees to reimburse providers. However, if capitated or global fees are established, the department shall set minimum standards for the provision of services including, but not limited to, the number of prenatal visits and the amount and type of psychosocial, nutritional, and educational services patients shall receive.
 - (2) Notwithstanding the type of reimbursement system, the comprehensive perinatal provider shall not be financially at risk for the provision of inpatient services. The provision of inpatient services which are not related to perinatal care shall not be subject to the provisions of this section. Inpatient services related to services pursuant to this subdivision shall be reimbursed, in accordance with Section 14081, 14086, 14087, or 14087.2, whichever is applicable.

- (i) The department shall develop systems for monitoring and oversight of the comprehensive perinatal services provided in this section. The monitoring shall include, but shall not be limited to, collection of information using the perinatal data form.
- (j) Participation for services provided pursuant to this section shall be voluntary. The department shall adopt patient rights safeguards for recipients of the comprehensive perinatal services.
- (k) The amendments made to this section by the act that added this subdivision shall not be construed to revise or expand the scope of practice of licensed midwives, as defined in Article 24 (commencing with Section 2505) of Chapter 5 of Division 2 of the Business and Professions Code.
- (l) Notwithstanding subdivision (a), on the effective date of the regulations adopted by the Medical Board of California pursuant to Section 2507 of the Business and Professions Code, a licensed midwife shall be eligible to serve as a comprehensive perinatal provider.