



Comprehensive Perinatal Services Program (CPSP)

CPSP Overview
Day 1



Trainers

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Training Objectives

- Describe the 4 components of CPSP
- Explain the purpose of CPSP Orientation
- Explain how to use Provider Handbook, Steps to Take Guidelines, and Protocols
- Describe documentation guidelines
- Define Interconception Care



Objectives (cont.)

- Report an increased understanding of mandated reporting laws
- Identify ways to effectively communicate with patients



What does CPSP stand for?

- **C** Comprehensive
- **P** Perinatal
- **S** Services
- **P** Program



Definition

“Comprehensive perinatal services” means obstetrical, 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.”

(Title 22, CCR, 51179)



CPSP Program Goals

- To decrease the incidence of low birth weight in infants
- To improve pregnancy outcome
- To give every baby a healthy start in life
- To lower health care costs by preventing catastrophic & chronic illness in infants & children



CPSP Program History

- Developed from the OB Access Project
- A perinatal demonstration project for 7000 low income women that operated from 1979 to 1982 in 13 California counties



CPSP Program

- Reduced low birth weight rate by 1/3 and saved about \$2 in short term NICU costs for every \$1 spent
- CPSP was legislated in 1984 and added to Medi-Cal program in 1987



Medi-Cal Managed Care

- 1997: CPSP included in Medi-Cal managed care
- All Medi-Cal Managed Care health plans are required to ensure that their pregnant patients have access to CPSP services



Title 22 Regulations

- Title 22, California Code of Regulations (CCR), defines the CPSP program requirements
- A copy of regulations are in the CPSP Provider Handbook



Who Can Become A CPSP Provider?

- Physician (OB/GYN, FP, GP, Pediatrician)
- Medical Group, any of whose members is one of the above physicians
- Certified Nurse Midwife
- Nurse Practitioner (family or pediatric)
- Clinic (hospital, community or county)
- Alternative Birth Center



CPSP Practitioners

- Physicians (MD, DO)
- Certified Nurse Midwives (CNM)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Registered Nurses (RN)
- Licensed Vocational Nurses (LVN)



CPSP Practitioners (cont.)

- Social Workers (SW)
- Psychologists (PSY)
- Marriage and Family Therapist (MFT)
- Registered Dietitians (RD)
- Health Educators (HE)
- Certified Childbirth Educators (CCE)



CPSP Practitioners (cont.)

- Comprehensive Perinatal Health Workers (CPHW)
 - *At least 18 years old
 - *High School Diploma or GED
 - *Minimum one year full time paid perinatal experience



CPSP in Los Angeles County (LAC)

- Statewide program: 58 counties + 3 cities
- All must follow Title 22 Regulations
- Some differences in different counties/cities
 - Forms



LAC CPSP Staff

- Public Health Nurses
 - Perinatal Services Coordinator (PSC)
 - 4 Assistant Coordinators



LAC Staff (cont.)

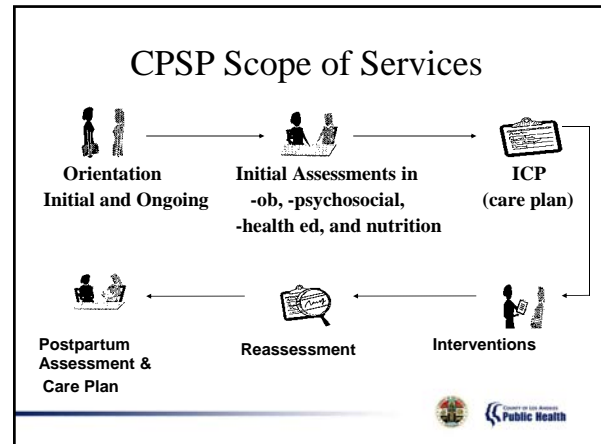
- Support Services Team:
 - Health Educator
 - Health Education Assistant
 - Registered Dietitian
 - Licensed Clinical Social Worker
- Staff Support



CPSP Scope of Services








Client Orientation


Keeping the client informed about her pregnancy care and available CPSP Services - *is necessary to best match services to the needs of the client and her family*






Initial Client Orientation


- What OB, CPSP, and other services will be provided
- Who will provide services
- Where to obtain services
- Client rights and responsibilities
- Danger signs and symptoms
 - What to do /who to call






Client Orientation


- Orientation to office policies
 - Office hours
 - Making and breaking appointments
- Opportunity to ask questions and express concerns about prenatal care, services, or information provided





Client Orientation

- Informed consent to procedures
 - Genetic testing, hospital registration
- Information about referrals
 - WIC, dental care, pediatric
- Can be ongoing throughout pregnancy
- Maximum time 2 hours per pregnancy



CPSP ORIENTATION CHECKLIST 2

Provider: _____

Patient: _____ DOB: _____ EDD: _____

Topic Discussed	SUBJECT	Historical	Client/Management
		Yes	No
<input type="checkbox"/>	Perinatal services to be provided (including CPSP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider (See Standard 277B.E.2)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	When will prenatal services _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Where services will be provided _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider or N/A _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Changes signs of pregnancy want to do if they occur _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider (See Standard 277B.E.2)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Patient Rights and Responsibilities _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider (See Standard 277B.E.2)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HIV information/counseling given & HIV testing offered _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider (See Standard 277B.E.2)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Substances to avoid during pregnancy _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider or N/A _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Group Classes available _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider or N/A _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fetal movement monitoring (24-28 wks) _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Integrated Prenatal Screening (IUP) (Trimester 1&2) what delays _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	13 weeks/16-18 wks Trimester 1&2 15-20 weeks/20-24 wks/24 wks Trimester 3	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Genetic Risk of Testing _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider or N/A _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Delivery Site Options _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider or N/A _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Financial Responsibility _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Name of provider or N/A _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other Subjects _____	<input type="checkbox"/>	<input type="checkbox"/>



The information checked above has been reviewed with me and I have had the opportunity to ask questions. I understand that as an active participant in my prenatal care, it is my responsibility to ask questions when I have a concern or problem.

State	Local Clinical Organization	Client Signature	Provider/CPSP Signature	Local Minutes
Alabama				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
Florida				
Georgia				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				

August 10, 2011

Client Orientation


- No consent needed to participate in CPSP
- Patient has the right to decline
 - Document “patient declines” and reason
 - Re-offer at next trimester

Initial Assessment

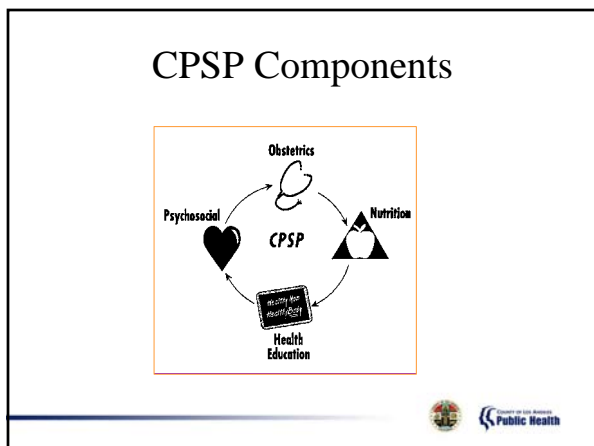

To gather baseline data and ask questions designed to identify issues affecting:

- The client’s health and pregnancy
- The client’s readiness to take action
- Resources needed to address the issues





Areas of Initial Assessment

- Personal Information
- Economic Resources and Housing
- Transportation
- Current Health Practices
- Pregnancy Care
- Educational Interests
- Nutrition
- Coping Skills

Obstetrical (OB) Care

- Obstetrical Services
 - Prenatal care
 - Intrapartum (delivery) care
 - Postpartum Care

OB Care

- Content of visits are in accordance with current American Congress of Obstetricians & Gynecologists (ACOG) Guidelines for Perinatal Care, and
- Clinic follows ACOG schedule for frequency of visits



Initial OB Assessment

- Initial pregnancy-related exam is billed with code of (Z1032)
- Includes comprehensive history and physical exam



Initial CPSP Assessment

- Health Education
- Nutrition
- Psychosocial
- Provide her with information that will help her make informed choices during her pregnancy.



Prenatal Combined Assessment / Reassessment Tool

This Prenatal Combined Assessment/Reassessment Tool has received California State Department of Health Services approval and **MAY NOT BE ALTERED** except to be printed on your logo stationery.

Patient Name: _____ Date Of Birth: _____
 Health Plan: _____ Identification No.: _____
 Provider: _____ Hospital: _____ Location: _____
 Case Coordinator/Manager: _____ EDC: _____
 Dx: OB High Risk Condition: _____

Personal Information

1. Patient age: Less than 12 years 12-17 years 18-24 years 25-34 years 35 years or older
2. Are you: Married Single Divorced/Separated Widowed Other
3. How long have you lived in this area? _____ yrs. mos. Place of birth: _____
4. Do you plan to stay in this area for the rest of your pregnancy? Yes No
5. Years of education completed: 0-8 years 9-11 years 12-16 years 16+ years
6. What language do you prefer to speak: English Spanish Other
7. What language do you prefer to read: English Spanish Other
8. Which of the following best describes how you read: Can read, but read slowly or not very often Do not read
9. Father of baby (name): _____ His preferred language: _____ Education: _____ Age: _____
10. Was this a planned pregnancy? Yes No
11. How do you feel about being pregnant now?
 Glad Troubled (please explain: _____)
 Glad Troubled (please explain: _____)
 Glad Troubled (please explain: _____)
12. Are you considering coming back to laborator? No Yes Do you need information/referrals? No Yes
13. How does the father of the baby feel about this pregnancy?
 Your family? _____
 Your friends? _____

Initial CPSP Assessment


- Assessment information used to develop Individualized Care Plan
- ICP developed from identified problems/risks (shaded areas of assessment/reassessment)
 > Problems/risks are prioritized with patient



Late Entry


- Initial assessment may occur in 1st, 2nd or 3rd trimester (*whenever client enters for care*)
- If client enters care in 2nd trimester (*wks of GA*), date initial assessment in the “**initial**” space and enter “**N/A**” in the 2nd trimester.
- Reassessment must occur in the following trimester.
- **All** questions must be asked (*unless N/A*) and recorded for the appropriate weeks.






Initial Health Education

- Is used to identify the client’s learning needs as they relate to her pregnancy
- Must contain the following required components




Initial Health Education

- 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 & safety
- Client’s expressed learning needs
- Formal education & reading level




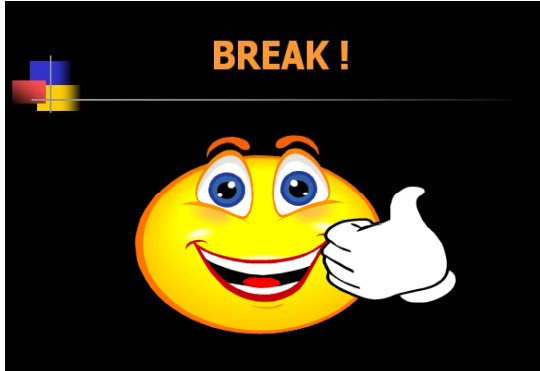
Initial Health Education

- Learning methods most effective for the client
- Educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff
- Languages spoken & written
- Mental, emotional, or physical disabilities that may affect learning
- Mobility/residency



Initial Health Education

- Religious/cultural influences that impact perinatal health should be identified
- Client and family or support person’s motivation to participate in the educational plan should be determined and encouraged






BREAK !





Initial Nutrition Assessment

- Encourage sound nutrition practices
- Identify women at risk for a poor pregnancy outcome
- Identify who can benefit from nutritional intervention
- Involve four (4) required components


Frequently Asked Questions

- **What is healthy eating for me and my baby ?**
-Eating for two? - Food intake -Weight gain ?
- **Will everything about my routine change ?**
-Exercise - Favorite foods -Morning coffee
- **Why do I sometimes feel so bad?**
- Morning sickness - Swelling - Constipation
- **The baby has arrived . Now what ?**
- Weight loss - Breastfeeding

Initial Nutrition Assessment

- Anthropometric (height & weight)
- Biochemical (lab tests and values)
- Clinical (previous & current OB/Medical risks)
- Dietary (food intake)





Anthropometric

- Height and weight
- Weight history
- Pre-pregnant weight
- Record weights on grid at each OB visit
- Postpartum weight




Weight Categories for Pre-pregnancy Weights


	Single	Twins
• Underweight	28 – 40 lbs.	N/A
• Normal weight	25 – 35 lbs	37-54 lbs
• Overweight	15 – 25 lbs	31-50 lbs
• Obese weight	11 – 20 lbs	25-42 lbs



*Recommended Rate of Weight Gain

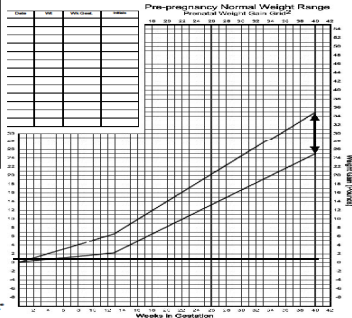
	1 st Trimester	2 nd /3 rd Trimester (Per month)
Underweight	-----	4 lbs or more
Normal	-----	3-4 lbs
Overweight	-----	about 2 lbs
Obese	-----	Varies

*IOM, 2009 Weight Gain During Pregnancy



Weight Categories for Women According to Height and Pre-pregnancy Weight (lbs)*


Height (ft)	Underweight (lbs)	Normal (lbs)	Overweight (lbs)	Obese (lbs)
5'0"	11-15	15-18	18-24	24-30
5'1"	11-15	15-19	19-25	25-31
5'2"	11-15	15-19	19-26	26-32
5'3"	11-15	15-20	20-27	27-33
5'4"	11-15	15-20	20-28	28-34
5'5"	11-15	15-21	21-29	29-35
5'6"	11-15	15-22	22-30	30-36
5'7"	11-15	15-23	23-31	31-37
5'8"	11-15	15-24	24-32	32-38
5'9"	11-15	15-25	25-33	33-39
5'10"	11-15	15-26	26-34	34-40
5'11"	11-15	15-27	27-35	35-41
6'0"	11-15	15-28	28-36	36-42




*IOM, 2009. Weight gain during pregnancy, according to prepregnancy weight.

Pre-pregnancy weight: _____

Weight: _____








Biochemical

Review and record nutrition-related lab values



- ✓ Hgb/Hct
- ✓ Urine
- ✓ Glucose
- ✓ Proteins
- ✓ Ketones
- ✓ Mean Corpuscle Volume (MCV)

Clinical

Assess and Record Nutrition Related Clinical Conditions



- ✓ Acute & Chronic Diseases
- ✓ High parity; Multiple Gestation
- ✓ Anemia ; Age <17
- ✓ Substance Use (alcohol, drugs, tobacco)
- ✓ Previous Low or High Birth Weight
- ✓ Others

Dietary ASSESS


Discomforts / Cravings

- Food & Beverage
 - Eating Patterns / Allergies
 - Availability / Preparation
 - Safety / Storage / OTC Meds
- Eating Disorders / Vegetarian
- Infant Feeding Plan
- Food Intake: Quantity & Quality
- WIC Participation

Daily Food Guide for Pregnant/Breastfeeding Women

Food Groups	Recommended Minimum Servings – Daily
Meat / Protein Foods	3
Milk Products	3
Breads, Cereals & Grains	7
Fruits and Vegetables : Vitamin C-rich	1
Fruits and Vegetables : Vitamin A-rich	1 (2-3 per week)
Fruits and Vegetables : Others	3
Unsaturated Fats	3




Please check one:
 1st Trimester Assessment
 2nd Trimester Assessment
 3rd Trimester Assessment
 Client Name: _____
 L.D. Number: _____


PERINATAL FOOD FREQUENCY QUESTIONNAIRE (PFQ)

(Client Restrictions)
 How often do you eat the food listed below?
 If you eat the food every day, mark the number of times per day in the daily column.
 If you eat the food only on some days, mark the number of times per week in the weekly column.
 If you eat the food less than once per week, do not mark columns.


Group 1	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		




Group 2	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		



Group 3	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		




Group 4	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		




Please check one:
 1st Trimester Assessment
 2nd Trimester Assessment
 3rd Trimester Assessment
 Client Name: _____
 L.D. Number: _____


Group 1	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		




Group 2	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		



Group 3	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		




Group 4	Daily	Weekly
Apples		
Apricots		
Avocados		
Broccoli		
Carrots		
Chickpeas		
Chickpeas (canned)		
Citrus		
Corn		
Crackers		
Custard		
EGG		



DIETARY ASSESSMENT SUMMARY

How Satisfied Are You:
 Diet Satisfaction In: _____
 Diet Resources In: _____
 Comments/Needs: _____

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 Name and Title of Practitioner: _____ Date: _____



CPSP Psychosocial

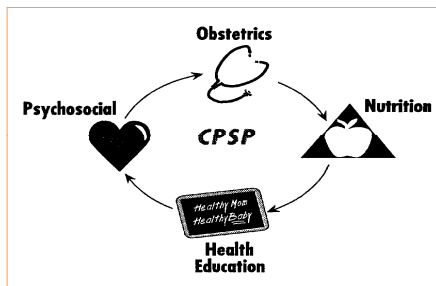


Initial Psychosocial

- What are some psychosocial issues that a woman may experience during her pregnancy?



Initial Psychosocial



Initial Psychosocial



- Psychosocial services help patient understand and deal effectively with biological, emotional, and the social stressors of pregnancy
- *Overall Aim:* Healthy moms and babies



Initial Psychosocial

Assessment required to contain the following:

- Personal adjustment to pregnancy
- Wanted or unwanted pregnancy
- Acceptance of pregnancy



Initial Psychosocial

- Substance use, abuse or dependency
- Housing/household situation
- Current status including social support system



Initial Psychosocial

- Substance use, abuse or dependency
- Housing/household situation
- Current status including social support system



Initial Psychosocial

- Education
- Employment
- Financial and material resources



Initial Psychosocial

- History of previous pregnancies
- General emotional status and history
- Patient's goals for herself in this pregnancy



Prenatal Combined Assessment / Reassessment Tool

This Prenatal Combined Assessment/Reassessment Tool has received California State Department of Health Services approval and **MAY NOT BE ALTERED** except to be printed on your logo stationery.

Patient Name: _____ Date Of Birth: _____
 Health Plan: _____ Identification No.: _____
 Provider: _____ Hospital: _____ Location: _____
 Case Coordinator/Manager: _____ EDC: _____
 Dx: High Risk
 Condition: _____

Personal Information

1. Patient age: Less than 12 years 12-17 years 18-24 years 25 years or older

2. Are you: Married Single Divorced/Separated Widowed Other _____

3. How long have you lived in this area? _____ yrs. mos. Place of birth: _____

4. Do you plan to stay in this area for the rest of your pregnancy? Yes No

5. Years of education completed: 0-8 years 9-11 years 12-16 years 16+ years

6. What language do you prefer to speak: English Spanish Other _____

7. What language do you prefer to read: English Spanish Other _____

8. Which of the following best describes how you read:
 Like to read and read often Can read, but read slowly or not very often Do not read

9. Father of baby (name): _____ His preferred language: _____ Education: _____ Age: _____

10. Was this a planned pregnancy? Yes No

11. How do you feel about being pregnant now?
 21-22 wks: Good Troubled, please explain: _____
 23-24 wks: Good Troubled, please explain: _____
 25-26 wks: Good Troubled, please explain: _____

12. Are you considering amniocentesis/chorion? No Yes Do you need information/referal? No Yes

13. How does the father of the baby feel about this pregnancy?
 Your family: _____
 Your friends: _____

Psychosocial Assessment

- The psychosocial process assists the patient with:
 - Community resources
 - Emotional concerns
 - Crisis intervention



Initial Psychosocial

- Let's discuss . . .
- What psychosocial issues listed are high risk, moderate risk and low risk ?



Importance of Relationship

Let's discuss . . .

- Think about the first time you went to a new doctor for medical appointment. . .
- Was there anything provider did that made you comfortable to share information?



Importance of Relationship

Important aspects of interviewing and assessing:

- *She comes to trust you*
- *She can tell you what is happening in her life*
- *She won't be judged, criticized, ignored, laughed at or labeled*



Importance of Relationship

- May need extra time to process what you are asking, may not be sure how much to share on first visit
- You are patient's partner in maximizing her care and cannot make her do anything



Importance of Relationship

- You can support her, help your patient find her inner strengths
- You can educate and inform her throughout prenatal and postpartum care



Key Points for Interviewing

- Setting should assure confidentiality
- Keep all notes, lists, or charts involving the patient in a locked space when not in use
- Have a phone and resource list available



Key Points for Interviewing

- Ask open-ended questions
- If asked in a sensitive, straightforward manner, most patients are willing to answer
- Many patients are relieved to discuss problems with a helpful, caring person



Key Points for Interviewing

- Try to put the patient at ease by explaining the purpose of the assessment
- Adopt a non-judgmental, accepting, relaxed attitude
- Be aware of your own attitudes & ways your own personal history affects your ability to serve your patients



Listening

- Verbal
- Non-verbal



Non-Verbal Listening

- Body language
 - Communicate without words: heart rate, perspiration, labored breathing
 - Facial expressions and eye movements



Listening Styles

- **Passive/not listening:** noise in background
- **Pretend listening:** responsive listening, using nods, smiles, uhum, yes of course
- **Biased listening:** selective listening, disregarding/dismissing the patient's views
- **Misunderstood listening:** unconsciously overlaying own interpretations, making things fit when they don't



Listening Styles

- **Attentive listening:** personally-driven fact gathering, analysis
- **Active listening:** understanding feelings, gathering facts for variety of purposes
- **Empathic listening (empathy):** understanding, checking facts and feelings, helping with patients needs uppermost



Empathy

- *The ability to put oneself in the shoes of another person and experience events and emotions the way that person experienced them*

Batson



Empathy

- Listen with full attention
- Consider cultural/ethnic aspects
- See and feel from patient's viewpoint
- Summarize to verify understanding
(Listening Types by Allen Campbell)



Empathy

- Empathic listening aligns us with patient
- Empathy and trust are crucial for effective understanding and communication
- Become a partner in assisting patient to meet goals for this pregnancy and beyond



Psychosocial High Risk Situations

- Seek help from supervisor, consultant, medical provider before patient leaves office
- Train all staff before crisis occurs
- Provider may designate you assist patient in accessing referrals **



MANDATED REPORTING IN CPSP



Mandated Reporting

- Inform patient that you are a mandated reporter at the beginning of the assessment
- Clearly understand situations that must be reported to authorities



Mandated Reporting


Must report when you suspect:

- A child, elder, or dependent adult has been harmed or in danger of being harmed
- A patient has injuries that you suspect are from assault as the result of violence, including intimate partner violence




Mandated Reporting

- Patient is a danger to self, others, or gravely disabled call PMRT (psychiatric mobile response team) or law enforcement
- Makes a serious threat to kill another person
- Patient suffering from injury by firearm
- Seek help from supervisor and document what happened and authorities you've contacted




Mandated Reporting Intimate Partner Violence

- Health Practitioners required to report if provide medical services to patient suspected of suffering from physical injury due to abuse/assault
 - Any Health Care Team Member can complete report




Mandated Reporting Intimate Partner Violence


- Must report even if patient states different story or denies abuse
- You DO NOT have to inform patient that you are reporting, BUT THIS MUST BE REPORTED



Legal Responsibilities IPV Reporting




- Telephone law enforcement immediately or as soon as possible
- Document in medical chart verbal/written reports have been made
- Written report submitted within 48 hrs includes:
 - Name and location of injured person
 - Character and extent of injuries
 - Name and location of perpetrator




Liability Issues for Reporting

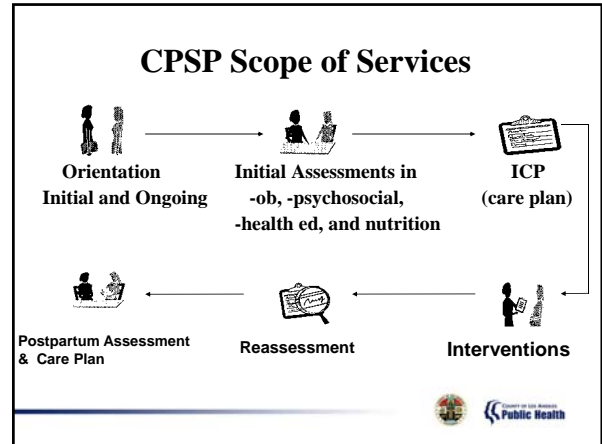
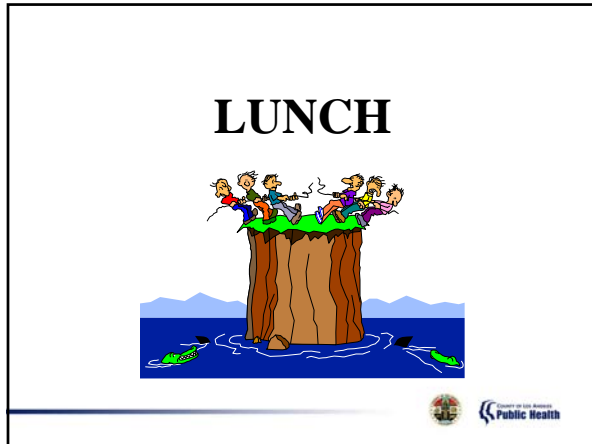
- Reporting
 - Immunity with reporting as long as no evidence of bad faith reporting
- Not Reporting
 - Misdemeanor charges
 - \$1000 fine
 - Six months in jail
 - Subject to civil suit






Reporting Sexual Abuse

- When coerced, or in any other way not voluntary
- Based on age difference between partners
 - Do I need to get the age of minor's sexual partner for reporting purposes ?
 - What if I'm not sure whether to report ?
- Let's Discuss . . .






 **Resources**

- Provider Handbook 
- CPSP Prenatal Protocols and Postpartum Protocols
- Steps to Take Guidelines (STT) 

The Department of Public Health logo is in the bottom right corner.

 **Individualized Care Plan (ICP)**


- Systematic way to prioritize problems, plan interventions, and track progress
- Coordinates care by all staff
- Serves as a self-management tool for the client

The Department of Public Health logo is in the bottom right corner.

ICP Requirements

- Identification of risks
- Proposed interventions
- Outcome information
- Staff responsible
- Strengths
- Timeframe
- Developed in consultation with the patient

The Department of Public Health logo is in the bottom right corner.

 **Individualized Care Plan (ICP)**

- Includes obstetrical, health education, nutrition, and psychosocial risks throughout pregnancy and postpartum

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Individualized Care Plan (ICP)

- All problems identified in assessments and reassessments should be addressed
- Staff & patient perceptions may differ
- Update ICP throughout pregnancy and postpartum



Individualized Care Plan (ICP)

- Summary of the assessment process
- Must be done with the patient present
- Useful tool for case conferences
- All team members should review and ensure accuracy of plan and consistency of messages

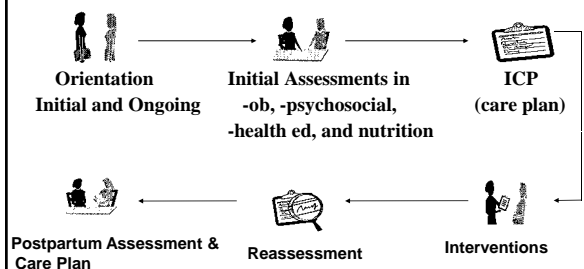


Individualized Care Plan (ICP)

- The ICP:
 - **is not** a progress note
 - is a brief summary of patient problems and interventions
- For high risk patients, details of interventions and referrals should be described in a progress note



CPSP Scope of Services



Interventions

- Actions intended to reduce or eliminate risks
- Education, counseling, referrals, procedures
- Individual or group



Reassessments

- Identify new risks
- Re-evaluate risks in previous trimesters
- Face-to-face with the client



Reassessments

- Must be done each trimester and postpartum and must include:
- **Nutrition assessment**
 - Including Perinatal Food Frequency Questionnaire or 24 Hour Diet Intake
- **Health Education**
- **Psychosocial**



Reassessments

- Document on CPSP Assessment/Reassessment form and/or in the progress note
- Update ICP at least each trimester and postpartum:
 - Progress on previous risks
 - New problems added



Postpartum Assessment

- Review prenatal assessments, delivery record, and ICP
- Complete a postpartum assessment for:
 - Health Education
 - Nutrition
 - Psychosocial



COMPREHENSIVE PERINATAL SERVICES PROGRAM COMBINED POSTPARTUM ASSESSMENT

Name: _____ DOB: _____ Date: _____ L.H. No. _____
 Health Plan: _____ Provider: _____ Delivery Facility: _____

Anthropometric:
 1. Height _____ 2. Desirable Body Wt _____ 3. Total Pregnancy Wt Gain _____ 4. Wt. 6w post
 5. Prepregnant wt _____ 6. Postpartum Wt _____ 7. Weeks Postpartum (w/ visit) _____

Biochemical:
 Blood: Date Collected: _____
 8. Hemoglobin _____ (CBC) 9. Hematocrit _____ (CBC) Other: _____
 Lipid: Date Collected: _____
 10. Cholesterol _____ 11. Triglyceride _____ 12. Protein _____ 13. Blood Pressure _____
 14. Comments: _____

Classic - Outcome of Pregnancy:
 15. Date of Birth _____ 16. Gestational Age _____ 17. Birth Weight (gms) _____ 18. Birth Length (cm) _____ 19. Programming/Delivery Complications: _____
 20. Current Weight (gms) _____ 21. Current Length (cm) _____ 22. Apgar Scores: 1 min: _____ 5 min: _____
 23. Type of Delivery: (mode) _____ (VACUUM FORCE) _____ (C-SECTION (History or Appeal)) _____ (LTC or Classic) _____

Maternal:
 24. Have you had your postpartum check up? Yes No Date: _____ 25. Has infant had a newborn check up? Yes No when scheduled? _____
 26. Are there any problems since delivery? Yes No If Yes, any Problems? _____ when scheduled? _____
 27. If YES, please explain: _____ 28. Number of ICU Days: _____
 29. Infant exposure to: _____
 30. Infant exposure to: _____

Nutrition:
 31. Maternal Dietary Assessment: For _____
 Diet: _____
 Food Group: _____
 Protein: _____
 Milk Products: _____
 Beans/Lentils/Soy: _____
 Veg: Spinach _____
 Other: _____
 Fat/Olefin: _____
 Diet adequate as assessed: Yes No Excessive: Calorie _____
 32. Infant: _____
 Method of Feeding: Breast Bottle Breast & Bottle Wet diaper/day: _____
 Type of Formula: _____ With Iron? Yes No _____
 33. Referrals: WIC/Care Evaluator Food Stamp Emergency Food AFDC

CPSP Combined Postpartum Assessment 1/08

Psycho-Social
 29. Do you feel comfortable in your relationship with your baby? Yes No
 Any special concerns? _____
 30. Are you experiencing postpartum blues? Yes No
 Have your thoughts recently changed to your baby? Yes No
 31. Have your thoughts recently changed to your baby's father? Yes No
 32. How your relationship with the baby's father changed? _____
 Do you have the resources to assist in monitoring the health of you and your baby? Yes No
 If "No", indicate where needs exist: _____
 34. Outstanding issues from Prenatal Assessment/Reassessment: _____
 Of _____
 Of family: _____
 Of Other: _____

Health Education
 35. If breast feeding:
 Do you have enough milk? Yes No
 Do you supplement with formula? Yes No
 Check your baby before the breast empties? Yes No
 Are your nipples cracked and/or sore? Yes No
 Do you have any questions about breast-feeding? _____
 36. Do you have any questions about baby's health? _____
 37. Do you have any questions about your baby's health? _____
 If "Yes", please explain: _____

Plans:
 Select Check, Intervention and Contact
 Check: _____
 Intervention: _____
 Contact: _____

Referrals:
 Agency: _____ Date: _____
 Agency: _____ Date: _____

Maternal Contact:
 Birth Control Infant Feeding Infant Care Infant Safety _____

Summary:
 Date: _____
 Informant: _____ Title: _____
 Minutes Spent: _____

Copy of Individualized Care Plan sent to Patient's PCP (w/ date) _____ by (Name and Title) _____
 CPSP Combined Postpartum Assessment 1/08




Postpartum ICP

- Update existing ICP
- Note problems which have resolved since delivery
- Add new problems from postpartum assessment





Interconception Care

- Interconception = between pregnancies
- The postpartum assessment and ICP are the first steps toward interconception care




Interconception Care

- By helping the patient identify postpartum risks and ways to resolve them, you are helping her with “interconception care” (care between pregnancies)







Case Coordination



- Implementation of a system for planning & ensuring the provision of comprehensive perinatal services to the patient
- The formal system of record keeping
- Communication among staff & other providers
- The involvement of all aspects of patient care & all practitioners



STT Scavenger Hunt Activity



CPSP Documentation and Billing



Documentation and Billing Overview

- Only state-approved providers may bill
- Services must be provided by an approved CPSP practitioner
- Date of service must be between conception and end of the month in which the 60th postpartum day occurs



Documentation and Billing Overview

- Billed using the appropriate procedure code
- Only services as specified in the CPSP regs
- If it's not documented the assumption is that no service was provided



Documenting CPSP Services

Forms in Chart:

- Client Orientation Checklist (optional)
- Initial Assessment/Reassessment Forms
- Individualized Care Plan (ICP)
- Perinatal Food Frequency Questionnaire (PFFQ)
 - one per trimester and postpartum



Documenting CPSP Services

Forms in Chart:

- Appropriate weight gain grid
 - Based on pre-pregnancy weight
- Postpartum assessment and postpartum ICP
- Progress Note
 - For documentation of services/education



Reporting Application Changes

- Notify local CPSP office of any changes
 - Required forms
 - Initial assessments, reassessments, pp assessment
 - Individualized Care Plan
 - Staff
 - General Description of Practice
 - Agreements for delivery or CPSP support services



Documenting CPSP Services

- A brief description of the service provided
- First initial, last name & CPSP title
- The date of service
- The length of time in minutes
- The service provided must be done with the client present ("face to face")



Group Education Documentation

- A group consists of two or more patients
- Group education is optional
- Must submit a lesson plan to local CPSP office
- Must have a sign in sheet for all classes



Group Education Documentation

- Use of videos
 - Cannot be the entire class
 - Must be appropriate to content of class
 - Approved practitioner must be present throughout video



Group Education Documentation

- Lesson plan on file in provider office
- Sign in sheets on file
 - Do not keep copies in patient charts
 - Title of class, date, name/title of instructor, total class time in minutes, signatures of attendees
- Document attendance in client chart: name of class, date, actual time client spent



Billing Basics

- Only face-to-face service is billable
- Cannot bill services marketed as “free” to community
- Obstetrical services
 - By visit
 - Global – at least 4 ob visits and provided total ob care for patient
- CPSP support services – by visit billing only



Billing Basics

- In accordance with the instructions in the Medi-Cal Billing Manual for Medi-Cal OB/CPSP
- www.medi-cal.ca.gov
- Submit claims within 6 months of service
- Contact Medi-Cal Telephone Service Center (TSC) at 1-800-541-5555



CPSP Billing

- Support services billed in 15-minute units
- Minimum 8 minutes
- Range for units



CPSP Billing

UNITS	TIME (MIN.)	RANGE (Min.)*
1	15	8-22
2	30	23-37
3	45	38-52
4	60	53-67

*Range = Time ± 7 minutes

Ex: 2 units = 30 minutes (30-7=23 and 30+7=37)



CPSP Reimbursement*^

- Individual services \$33.64/hr 23 hrs
- Group classes \$11.24/pt/hr 27 hrs
- Case Coordination \$85.34 in Z6500
- Prenatal vitamins \$30 300-day supply

*TAR required for additional units of service

^Rates are for fee-for-service Medi-Cal only; do not apply to FQHC or Managed Care



COMPREHENSIVE PERINATAL SERVICES PROGRAM
Service Codes and Reimbursement Schedule

The following are the Comprehensive Perinatal Provider service codes effective August 1, 2006 for Nutrition, Health Education, and Psychosocial services.

Procedure Code	Description	When to Use	Maximum Units of Service	Reimbursement per Unit of Service	Maximum Reimbursement ¹
26500 ²	Initial Comprehensive Nutrition, Psychosocial, and Health Education Assessment and Development of Care Plan within 4 weeks of entry into care ³ . Individual, first 30 minutes of each Assessment (90 minutes total), including ongoing coordination of care. Initial pregnancy-related cases (Z30.0) must also be completed within five (5) week service.	Initial CPSP Assessment completed within 4 weeks of Initial Prenatal Exam (Z30.0). This 30 minutes is for Health, Educ., Nutrition, and Psychosocial initial assessment. See only - does not include Client Orientation.	1	\$135.83	\$135.83
NUTRITION CODES					
26300	Initial Nutrition Assessment and Development of Care Plan, Individual, first 30 minutes.	For first 30 minutes of initial Nutrition Assessment when Initial CPSP Assessment not completed within 4 weeks of Initial Prenatal Exam (Z30.0).	1	\$16.83	\$16.83
26302	Initial Nutrition Assessment and Development of Care Plan, Individual, each Subsequent 15 minutes (Maximum of 1 : hours)	1) Time spent doing initial assessment exceeded 30 minutes in nutrition component (either 26300 or 26300 used); 2) identify new problem diagnosed later in pregnancy requiring a new nutrition assessment, e.g. gestational diabetes.	6	\$6.41	\$38.46
26304	Follow-up Antepartum Nutrition Assessment, Treatment, and/or Intervention, Individual, each 15 minutes	Terminator counseling, including assessment, treatment, such as by RD consultant.	8	\$6.41	\$51.28

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26206	Follow-up Antepartum Nutrition Assessment, Treatment, and/or Intervention, Group, per patient, each 15 minutes (Maximum of 3 hours)	Nutrition information provided in a group class.	12	\$2.81	\$33.72
26208	Postpartum Nutrition Assessment, Treatment, and/or Intervention, including update of Care Plan, Individual, each 15 minutes (Maximum of 1 hour)	1) Postpartum nutrition assessment, Postpartum nutrition intervention, e.g. assistance with breastfeeding.	4	\$8.41	\$33.64
50167	Prenatal Vitamins, 30 day supply	When provider dispense prenatal vitamins.	10	\$3.00	\$30.00
PSYCHOSOCIAL CODES					
26300	Initial Psychosocial Assessment and Development of Care Plan, Individual, first 30 minutes	For first 30 minutes of initial Psychosocial Assessment when Initial CPSP Assessment not completed within 4 weeks of Initial Prenatal Exam (Z30.0).	1	\$16.83	\$16.83
26302	Initial Psychosocial Assessment and Development of Care Plan, Individual, each subsequent 15 minutes (Maximum of 1 : hours)	1) Time spent doing initial assessment exceeded 30 minutes in psychosocial component (either 26300 or 26300 used); 2) identify new problem diagnosed later in pregnancy requiring a new psychosocial assessment, e.g. domestic violence.	6	\$6.41	\$38.46
26304	Follow-up Antepartum Psychosocial Assessment, Treatment, and/or Intervention, Individual, each 15 minutes (Maximum of 3 hours)	Terminator assessment, assessment counseling or other intervention, such as by social work consultant.	12	\$6.41	\$76.92
26306	Follow-up Antepartum Psychosocial Assessment, Treatment, and/or Intervention, Group, per patient, each 15 minutes (Maximum of 4 hours)	Psychosocial information provided in a group class.	16	\$2.81	\$44.96
26308	Postpartum Psychosocial Assessment, Treatment, and/or Intervention, including update of Care Plan, Individual, each 15 minutes (Maximum of 1 : hours)	1) Postpartum psychosocial assessment, 2) Postpartum psychosocial intervention, e.g. postpartum depression.	6	\$6.41	\$38.46

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HEALTH EDUCATION CODES

26400	Client Orientation, Individual, each 15 minutes (Maximum of 2 hours)	Initial <u>group</u> orientation (individual orientation required during pregnancy, e.g. with patient as referred to hospital for non-stress test).	8	\$6.41	\$51.28
26402	Initial Health Education Assessment and Development of Care Plan, Individual, first 30 minutes	For first 30 minutes of initial Health Education Assessment when Initial CPSP Assessment not completed within 4 weeks of Initial Prenatal Exam (Z30.0).	1	\$16.83	\$16.83
26404	Initial Health Education Assessment and Development of Care Plan, Individual, each subsequent 15 minutes (Maximum of 2 hours)	1) Time spent doing initial assessment exceeded 30 minutes in health education component (either 26400 or 26402 used); 2) identify new problem diagnosed later in pregnancy requiring a new health education assessment.	8	\$6.41	\$51.28
26406	Follow-up Antepartum Health Education Assessment, Treatment, and/or Intervention, Individual, each 15 minutes (Maximum of 2 hours)	Terminator counseling or other intervention, such as by health education consultant.	8	\$6.41	\$51.28
26408	Follow-up Antepartum Health Education Assessment, Treatment, and/or Intervention, Group, per patient, each 15 minutes (Maximum of 2 hours)	Health education provided in a group class.	8	\$2.81	\$22.48
26414	Postpartum Health Education Assessment, Treatment, and/or Intervention, including update of Care Plan, Individual, each 15 minutes (Maximum of 1 hour)	1) Postpartum health education assessment, 2) Postpartum health education intervention.	4	\$6.41	\$25.64

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PERINATAL EDUCATION CODES
(Can be used antepartum or postpartum)

26410	Prenatal Education, Individual, each 15 minutes (Maximum of 4 hours)	Individual education provided prenatally or postpartum.	16	\$6.41	\$102.56
26412	Prenatal Education, Group, per patient, each 15 minutes (Maximum of 4 hours/18 hours/pregnancy)	Group education, e.g. childbirth class (Maximum of 3 hours/pregnancy)	72	\$2.81	\$202.32
CPSP OB BOMBASES					
Z1023-ZL	Initial Comprehensive Pregnancy-related office visit performed within 18 weeks of LMP	Initial prenatal exam done prior to 18 weeks LMP. If non-physician practitioner (NP, PA, CNM) does exam, see MCC Provider Manual for appropriate modifier.	1	\$56.63	\$56.63
Z1026	Third Antepartum Office Visit	One time only when 10 th antepartum visit performed.	1	\$113.26	\$113.26

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FQHC Billing

- Treatment Authorization Request (TAR)
 - Do not submit to M/C
 - Document TAR requirements and keep in chart
 - Cannot provide additional prenatal visits
 - Use CPSP Billing Summary Form



Medi-Cal Managed Care and CPSP

- Three different Managed Care Models in CA
 - Geographic Managed Care
 - County-Organized Health System
 - Two-Plan
- Los Angeles is a Two-Plan County
 - LA Care
 - Health Net



Medi-Cal Managed Care

- LA Care and Health Net
 - Subcontract with other health plans (Blue Cross, Care 1st, Molina, etc.)
- IPAs and Medical Groups
- Providers



Medi-Cal Managed Care

- READ YOUR CONTRACT!
- CPSP is a managed care benefit
- All managed care enrollees eligible
- Reimbursement method varies by contract
 - Capitation or separate fee-for-service rate
 - Do not bill Medi-Cal for managed care clients
 - May need prior authorization for high risk referrals



Electronic Health Records

- CPSP should be part of any EHR
- Handouts
 - EHR Resource List
 - Functionality Basics



Medi-Cal Fraud

Medi-Cal Fraud Reporting

1-800-822-6222



Questions?



Post-Test & Training Evaluation

