MCAH Programs

Understanding the Comprehensive Perinatal Services Program
What We Do

MCAH provides programs and services designed to protect and improve the health of California’s reproductive age women, infants, children, adolescents and their families.
Our Mission

We seek a future California where one’s full potential is generally assured through a focus towards comprehensive health, including the physical and psychosocial needs of the maternal, child and adolescent health population and their families.
Our Programs

- Adolescent Family Life Program
- Black Infant Health Program
- Breastfeeding Program
- CA Birth Defects Monitoring Program
- CA Diabetes & Pregnancy Program
- California Home Visiting Program
- California Personal Responsibility Education Program
- Comprehensive Perinatal Services Program
- Fetal & Infant Mortality Review
- Human Stem Cell Research Program
- Information & Education Program
- Local MCAH
- Nutrition & Physical Activity Initiative
- Preconception Health
- Regional Perinatal Programs of California
- Sudden Infant Death Program
The Comprehensive Perinatal Services Program (CPSP)

An Overview
CPSP History

- **1979-1982: Obstetrical (OB) Access Project**
  - Demonstrates OB care supplemented by nutrition, health ed. and psychosocial services reduced low birth weight in infants

- **1982: Welfare & Institutions Code:**
  - AB 2821 requires publicly subsidized prenatal care to include nutrition, health education, and psychosocial, in addition to OB

- **1984: Medi-Cal Program Launches Reimbursement Plan**
  - Legislation ensures reimbursement for enhanced prenatal services

- **1987: CPSP Launched**
CPSP Legislation

• *Comprehensive perinatal services shall include*...

Provision of the combination of services developed through the Department of Health Services OB Pilot Program.

*Welfare and Institutions Code 14134.5(c)*
CPSP Legislation

• “Comprehensive perinatal services” means...
  - Obstetric
  - Psychosocial
  - Nutrition
  - Health education services
  - Related case coordination

• Services must be provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery

CCR 22 §51179
CPSP Scope of Services

Client Orientation
Orient the client to comprehensive perinatal care at entry of care and throughout the pregnancy as needed.

Initial Assessments
Complete assessments in the four components—obstetric, nutrition, health education, and psychosocial—using approved assessment forms.

Individualized Care Plan (ICP)
Complete the ICP with the client following the initial assessments. Prioritize problems and actions planned to resolve them.

Interventions
Provide services, classes, counseling, referrals, and instructions as appropriate to the needs and risks identified on the ICP.

Reassessments
Reassess in each trimester to identify changes or new developments since the previous assessment and to provide continued support for the client’s strengths. Revise and update the ICP as needed.

Postpartum Assessment and Care Plan
Assess the mother and infant postpartum and update the ICP. Provide appropriate interventions for the client and her baby.
Who can Enroll as a CPSP Provider?

Any of the following:

• General Practice Physician
• Family practice physician
• Obstetrician/Gynecologist
• Pediatrician
• “Certified Nurse Midwife” WI 14134.5 (a)
• A group, any preferred provider organization whose members are one of the above-named physicians
• Any other clinic holding a valid Medi-Cal provider number, approved by the Department to provide comprehensive perinatal services
• Organized outpatient clinic

CCR 22, §51179.1
Who can be a CPSP Practitioner?

- General Practice Physician
- Family Practice Physician
- Pediatrician
- Obstetrician-gynecologist
- Certified Nurse Midwife
- Registered Nurse, licensed by the Board of Registered Nursing and one year experience in the field of maternal and child health.
- Nurse Practitioner
- Physician’s Assistant

CCR 22, §51179.7
Who can be a CPSP Practitioner?

Continued…

• **Social Worker who either:**
  - Holds a Master’s Degree or higher in social work or in Psychology or Marriage, Family and Child counseling; one year of experience in the field of Maternal and Child Health
  - or
  - Holds a Baccalaureate Degree in social work and who has one year experience in the field of Maternal and Child Health.

• **Health Educator who either has:**
  - A Master’s Degree (or higher) in Community or Public Health Education and has one year of experience in the field of Maternal and Child Health
  - or
  - A Baccalaureate Degree with a major in Community of Public Health Education and has one year experience in the field of Maternal and Child Health

• **Childbirth Educator who is:**
  - 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)
  - or
  - A Certified Childbirth Educator who has completed a training program
Who can be a CPSP Practitioner?

Continued...

• A Dietician who is:
  ○ Registered;
  or
  ○ Eligible to be registered by the Commission on Dietetic Registration, with one year of experience in the field of perinatal nutrition.

• A Comprehensive Perinatal Health Worker who:
  ○ 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;
  ○ 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).
CPSP Process

- **Orientation**
- **Initial Assessment**
  - OB
  - Nutrition
  - Psychosocial
  - Health Education
- **Reassessment every Trimester**
  - OB
  - Nutrition
  - Psychosocial
  - Health Education
- **Postpartum Assessment**
  - OB
  - Nutrition
  - Psychosocial
  - Health Education

**Individualized Care Plan: Intervention and Follow-up**
CPSP Required Assessments

Nutrition CPSP Services

Required Assessment Components
- Weight/Nutritional status
- Laboratory findings
- Clinical nutritional state (e.g., DM, HTN, Hyperemesis Gravidarum)
CPSP Required Assessments

**Required Assessment Components**

- Current Health Practices
- Prior Experience with and Knowledge of Pregnancy, Prenatal Care, Delivery, Postpartum Self-Care, Infant Care, and Safety
- Prior Experience with Health Care Delivery Systems
- Client’s Expressed Learning Needs
- Formal Education and Reading Level
- Languages Spoken and Written
- Learning Methods Most Effective for Client
- Disabilities That Affect Learning
- Client and Family/Support Person(s) Motivation to Participate in Education Plan
- Religious and Cultural Factors
- Mobility/Residency
CPSP Required Assessments

Required Assessment Components

- Social Support System Current Health Practices
- Personal Adjustment to Pregnancy
- History of Previous Pregnancies
- Client’s Goals for Herself in the Pregnancy
- General Emotional Status and History
- Acceptance of the Pregnancy
- Alcohol, Tobacco, and Other Drug Use
- Housing/Household
- Education
- Employment
- Financial and Material Resources
- Assessing Risk Conditions
CPSP Individualized Care Plan (ICP)

- Developed by a comprehensive perinatal practitioner(s) in consultation with the patient. (CCR, 22 §51179.8)
- Written for each service component: obstetrical, nutritional, health education, and psychosocial.
- Each ICP shall identify:
  - Risk conditions
  - Prioritization of needs
  - Proposed interventions including methods, time frames and outcome objectives
  - Proposed referrals
Intervention and Follow-up

INTERVENTIONS:
- Identify the risk conditions or problems
- Include: teaching, counseling, problem-solving, providing referrals, etc.
- Types of intervention should vary to increase active learning
- Meet cultural needs and linguistic appropriate
- Identify who is responsible for intervention and timeline
- Documented in Medical Record
- Organized and supervised by the Practitioner providing CPSP services

Case Coordination

NUTRITION

PSYCHOSOCIAL

HEALTH EDUCATION
Putting This All Together

Handout:

“CPSP Enhanced Services Protocol Checklist”
Who are the Perinatal Services Coordinators (PSCs)

- Support and provide Technical Assistance to CPSP Providers
- Total of 61 PSCs, one in each county and the three city health jurisdictions
PSC CPSP Functions

• Reviews and recommends approval of provider applications to be CPSP providers

• Provides technical assistance in the development of site specific protocols (including provider agreements)

• Verifies professional licenses and Medi-Cal provider status during the application process
PSC CPSP Functions

Continued...

• Maintains and manages a network of providers

• Provides technical assistance to Medi-Cal Managed Care Plan staff on CPSP requirements and implementation

• Coordinates and conducts provider Quality Assurance (QA)/Quality Improvement (QI) site visits

• Assists providers to develop QA/QI plans and address any program deficiencies
Making Connections

MCAH and managed care plans working together...
Contacts to the Local MCAH and PSCs

• MCAH Directors and Toll-Free Numbers

http://www.cdph.ca.gov/programs/mcah/Pages/MCAHDirectorsandLocalTollFreeNumbers.aspx

• California's PSCs’ Directory

http://www.cdph.ca.gov/programs/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx
CPSP References and Resources

• CPSP Website
  http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx

• CPSP Laws and Regulations
  http://www.cdph.ca.gov/programs/CPSP/Pages/CPSPLawsandRegulations.aspx
Contact Us

MCAH Program

Comprehensive Perinatal Services Program

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