Comprehensive Perinatal Services Program (CPSP)
CPSP Overview
Day 1

Trainers
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• Joanne Roberts, BSN, PHN

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

Orientation
Initial and Ongoing
Initial Assessments in -ob, -psychosocial, -health ed, and nutrition
ICP (care plan)
Postpartum Assessment & Care Plan
Reassessment
Interventions
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
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
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.

Late Entry

- Initial assessment may occur in 1st, 2nd or 3rd trimester \((\text{whenever client enters for care})\)
- If client enters care in 2nd trimester \((\text{wks of GA})\), 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 \((\text{unless N/A})\) and recorded for the appropriate weeks.

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
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

• 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

• 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

• 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
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

- 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

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<thead>
<tr>
<th>Category</th>
<th>Single</th>
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<td>28 – 40 lbs.</td>
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<td>Normal weight</td>
<td>25 – 35 lbs</td>
<td>37-54 lbs</td>
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<tr>
<td>Overweight</td>
<td>15 – 25 lbs</td>
<td>31-50 lbs</td>
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<tr>
<td>Obese weight</td>
<td>11 – 20 lbs</td>
<td>25-42 lbs</td>
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### *Recommended Rate of Weight Gain*

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<tr>
<th>Category</th>
<th>1st Trimester</th>
<th>2nd/3rd Trimester (Per month)</th>
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<tbody>
<tr>
<td>Underweight</td>
<td>------</td>
<td>4 lbs or more</td>
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<tr>
<td>Normal</td>
<td>------</td>
<td>3-4 lbs</td>
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<tr>
<td>Overweight</td>
<td>------</td>
<td>about 2 lbs</td>
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<tr>
<td>Obese</td>
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<td>Varies</td>
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*IOM, 2009 Weight Gain During Pregnancy*
**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**

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Recommended Minimum Servings – Daily</th>
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<tr>
<td>Meat / Protein Foods</td>
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<tr>
<td>Milk Products</td>
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<tr>
<td>Breads, Cereals &amp; Grains</td>
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<td>Fruits and Vegetables: Vitamin C-rich</td>
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<tr>
<td>Fruits and Vegetables: Vitamin A-rich</td>
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<td>Fruits and Vegetables: Others</td>
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<tr>
<td>Unsaturated Fats</td>
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Psychosocial Component of CPSP

- Definition of a Psychosocial Issue
CPSP Psychosocial Component

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

Components of CPSP

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

Psychosocial Component

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

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

Psychosocial Component

- Education
- Employment
- Financial and material resources

Psychosocial Component

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

The psychosocial process assists the patient with:

- Community resources
- Emotional concerns
- Crisis intervention

Psychosocial Component

- 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 personal information?

Importance of Relationship

- She comes to trust you
- You can support her, and help her find her inner strengths
- She won’t be judged, criticized, ignored, laughed at or labeled
- You can educate and inform her prenatal and postpartum care
### 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

### 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

• Accounts for 80% of communication
  o Communicate without words: heart rate, perspiration, labored breathing
  o Facial expressions and eye movements

Listening Styles

• **Passive listening:** responsive listening, using nods, smiles, uhum, yes of course
• **Biased listening:** selective listening, not able to listen to the patient’s views
• **Active listening:** gathering facts
• **Empathic listening:** understanding, checking facts and feelings, helping with patients needs
  • Listening Types by Allen Campbell

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

- Empathic listening aligns us with patient and crucial for effective understanding and communication
- Listen with full attention
- Consider cultural/ethnic aspects
- See and feel from patient’s viewpoint
- Summarize to verify understanding

High Risk Situations and Mandated Reporting

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

- May want to inform patient that you are a mandated reporter at beginning of assessment
- Clearly understand situations that must be reported to authorities
Mandated Reporting

1. A minor patient reports to you that she is being abused, or a child is being harmed, or in danger of being abused or you suspect is being abused
2. You suspect a patient is suffering from physical injuries from a firearm, assault, or abusive conduct

Child Abuse

- Any act of commission/omission by adult that results in harm, potential for harm, or threat of harm to a child
- If suspect child being physically, sexually, emotionally abused and/or neglected (Penal code 11164-11174.3)
- Consult with Provider immediately
- Call Child Abuse Hot Line: 800-540-4000 or law enforcement immediately
- Complete “Suspected Child Abuse Report”: SS8572

Mandated Reporting

3. You suspect an elder adult (age 65 and older) and/or a dependent adult (disabled, ages 18-64) who is unable to meet their own needs is a victim of abuse, neglect or exploitation
Assault/ Intimate Partner Violence

• Any health practitioner, who provides medical services for a physical condition to a patient whom s/he knows, or reasonably suspects suffering from injuries of firearm or assaultive or abusive conduct, is required to make a report (Penal Code 11160-11163.6)

• Look in protocols, Steps to Take

• Consult with provider immediately

Assault/ Intimate Partner Violence

• On CPSP Assessment, two or more “yes” answers to questions # 100-107 complete “Lethality Assessment”

  • Provider should complete this
  • Demonstrates the level of danger patient in currently and that she may need assistance immediately

Assault/ Intimate Partner Violence

YES NO

1. Has the physical violence increased in frequency over the past year? ___ ___
2. Has the physical violence increased in severity over the past year and/or has a weapon been used? ___ ___
3. Has s/he ever tried to check you? ___ ___
4. Is there a gun in the house? ___ ___
5. Has s/he ever tried to force you into sex? ___ ___
6. Does s/he use drugs? By drugs I mean “uppers” or stimulants, speed, angel dust, ecstasy, “crack”, street drugs, heroin, or marijuana. ___ ___
7. Does s/he threaten to kill you and/or do you believe s/he is capable of killing you? ___ ___
8. Has s/he drank every day or almost everyday? (In terms of quantity of alcohol.) ___ ___
9. Does s/he control most of your daily activities? For instance, does s/he tell you who you can be friends with, how much money you can take with you shopping, or when you can talk on the phone? (If the tries, but you do not let him/her, check here ______) ___ ___
10. Have you ever been beaten by him when you were pregnant? (If never pregnant by him, check here ______) ___ ___
11. Is s/he violently and constantly jealous of you? (For instance, does s/he say, “If I can have you, no one can?”) ___ ___
12. Have you ever threatened to try to commit suicide? ___ ___
13. Has s/he ever threatened or tried to commit suicide? ___ ___
14. Is s/he violent outside of the home? ___ ___

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5/29/2012

22
Assault/ Intimate Partner Violence

- Call Law Enforcement immediately
- Complete “Suspicious Injury Report”, CalEMA 2-920
  - Report to be completed within 48 hours
- Mandated to report even if patient states different story or denies abuse
- Clinic does not have to inform patient that report being made, but suspicious injury/abuse must be reported
Was It Consensual Sex?

- It is not: 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 . . .

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

High Risk Situations

- Patient danger to self, others, or gravely disabled
  - Call PMRT (Psychiatric Mobile Response Team) or law enforcement
  - ACCESS LINE: 800.854.7771
  - LAPD Dispatch: 877.275.5273 (877.ASK.LAPD)
- Makes a serious threat to kill another person
- Seek help from supervisor
- Document what happened and authorities contacted
- Provider to see patient as soon as possible

2. BASED ON AGE DIFFERENCE BETWEEN PARTNER AND PATIENT IN A FEW SITUATIONS

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LUNCH

CPSP Scope of Services

Orientation
Initial and Ongoing

Initial Assessments in
-ob, psychosocial,
-health ed, and nutrition

ICP
(care plan)

Postpartum Assessment
& Care Plan

Reassessment

Interventions

Resources

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

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
ICP Requirements

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

Individualized Care Plan (ICP)

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

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

- Orientation
- Initial and Ongoing
- Initial Assessments in obstetric, psychosocial, health education, and nutrition
- Postpartum Assessment & Care Plan
- Reassessment
- Interventions
- ICP (care plan)

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

Postpartum Assessment

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

BREAK!

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

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

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

<table>
<thead>
<tr>
<th>UNITS</th>
<th>TIME (MIN.)</th>
<th>RANGE (Min.)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>8-22</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
<td>23-37</td>
</tr>
<tr>
<td>3</td>
<td>45</td>
<td>38-52</td>
</tr>
<tr>
<td>4</td>
<td>60</td>
<td>53-67</td>
</tr>
</tbody>
</table>

*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
Use of Billing Modifiers

- No modifiers required for CPSP support services
- Non-physician medical practitioners (CNM, NP, PA) must use correct modifier for medical services
- Multiple modifier (99) used when CNM, NP, PA do initial prenatal exam with early entry bonus (Z1032-ZL)

Use of Billing Modifiers

- Billing ZL modifier when Z1032 done by non-MD
  - Bill as Z1032-99
  - CNM: 99 = SB + ZL
  - NP: 99 = SA + ZL
  - PA: 99 = U7 + ZL
CPSP Billing

- Z1032 is billable separately, even with global
- Client Orientation (Z6400) is billed separately from Initial CPSP Assessment time
- Avoid “cookie cutter” documentation  
  - Risk conditions
  - Minutes
  - Make sure documentation justifies billing

Federally Qualified Health Centers (FQHC)

- Documentation the same as fee-for-service
- Do not spread out services on multiple days
- Bill using Code 01 for all services
- Group classes – bill for one patient only
- Same maximum service allowances as ffs
### 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?

Begin Post Test