MATERNAL, CHILD AND ADOLESCENT HEALTH DIVISION
COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)
PROVIDER APPLICATION

IMPORTANT: Read the instructions on pages 3 and 4 thoroughly before completing this application. Submit the completed application to your local Perinatal Services Coordinator (PSC). Retain a copy for your records. All provider information must match applicant's Medi-Cal record. A separate application is required for each site to become an approved Comprehensive Perinatal Services Program (CPSP) provider.

1. PROVIDER INFORMATION

Legal Name:

Business Name:

Service Address:

Mailing Address:
See Service Address

Contact Name:

Contact Email:

NPI:

Provider Type:
Alternative Birth Center
Certified Nurse Midwife
Community Clinic
County Clinic
FQHC/RHC/IHS
Hosp. Outpatient Clinic
Physician Group
Solo Physician

2. CPSP PRACTITIONERS

Supervising Physician Name: License:

(A) Practitioner Name	(B) Practitioner Type	(C) Qualifications	(D) Services Provided								(E) Yrs Exp
			OB	B	CO	HE	NUT	PSY	CC	CON	
		Lic/Cert/Reg#: School: Degree/Year:									
		Lic/Cert/Reg#: School: Degree/Year:									
		Lic/Cert/Reg#: School: Degree/Year:									
		Lic/Cert/Reg#: School: Degree/Year:									
		Lic/Cert/Reg#: School: Degree/Year:									

CPSP Practitioner Types:
- Physician (MD/DO)
- Certified Nurse Midwife (CNM)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Licensed Midwife (LM)
- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Social Worker (SW)
- Psychologist (PSY)
- Marriage and Family Therapist (MFT)
- Registered Dietitian (RD)
- Health Educator (HE)
- Certified Childbirth Educator (CCE)
- Comprehensive Perinatal Health Worker (CPHW)

CPSP Services:
- Obstetrics/Gynecology (OB)
- Backup Physician (B)
- Client Orientation (CO)
- Case Coordination (CC)
- Nutrition (NUT)
- Health Education (HE)
- Psychosocial (PSY)
- Consultation (CON)

Using a hospitalist or laborist group for deliveries:
See attached CDPH 4448A for additional practitioners.

3. AUTHORIZATION

As the applicant or an authorized agent of the applicant's, I hereby certify under penalty of perjury that the above information is true, accurate, and complete to the best of my knowledge. I understand that incorrect or inaccurate information may affect my eligibility to receive enhanced Medi-Cal reimbursement for CPSP services and that I must report changes to the above information to my local Perinatal Services Coordinator (PSC). CPSP providers are subject to disenrollment for failure to adhere to program policies and administrative practices. Onsite visits and attempts at corrective action may be made prior to disenrollment.

Name, Title

Signature   Date

FOR LOCAL HEALTH JURISDICTION (LHJ) USE ONLY

Recommended approval effective date:

PSC Name and Title(s):

PSC Signature: Date:

Local Health Jurisdiction (LHJ):

INSTRUCTIONS FOR COMPLETING THE CPSP PROVIDER APPLICATION

- Work with your local PSC to complete the *CPSP Provider Application* (CDPH 4448). For a list of PSCs, visit the CPSP website.
- Print or type all information so it is legible. If writing, use black or blue ink only. Do not use pencil.
- Review California Code of Regulations (CCR) Title 22 CPSP Regulations.
- Complete a separate application for each service site.
- Submit the completed application to your local PSC.

1. **PROVIDER INFORMATION:** The information entered in this section must match the applicant's Medi-Cal record.
   - Legal Name: Enter the applicant's legal name as enrolled in Medi-Cal under this NPI at this service site.
   - NPI: Enter the applicant's organizational NPI used to bill Medi-Cal for CPSP services.
   - Business Name: Enter the name under which the applicant conducts business, if different from the legal name.
   - Provider Type: Choose from the drop down menu the applicant's provider type as enrolled in Medi-Cal.
   - Service Address: Enter the address where the applicant will provide CPSP services.
   - Mailing Address: Enter the address where the applicant wishes to receive correspondence, if different from the service address. If same as service address, check the box.
   - Contact Person: Enter the full name and email address of the person to whom correspondence should be addressed.

2. **CPSP PRACTITIONERS:** CCR § 51179 requires that all obstetrical, psychosocial, nutrition and health education services, and related case coordination are "provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery."
   - Supervising Physician's Name: Enter the full name of the physician who oversees CPSP services.
   - License Number: Enter Supervising Physician's license number.

   List all practitioners who will provide CPSP services. For more than five practitioners, use the *Additional CPSP Practitioners* form (CDPH 4448A).

   A) Practitioner Name: Enter the first and last name of the practitioner
   B) Practitioner Type: Enter the appropriate practitioner type or choose one of the following from the drop down menu:
      - MD/DO = Physician specializing in obstetrics and gynecology, family practice, general practice or pediatrics
      - CNM = Certified Nurse Midwife
      - NP = Nurse Practitioner
      - PA = Physician Assistant
      - LM = Licensed Midwife
      - RN = Registered Nurse
      - LVN = Licensed Vocational Nurse
      - SW = Social Worker
      - PSY = Psychologist
      - MFT = Marriage and Family Therapist
      - RD = Registered Dietitian
      - HE = Health Educator
      - CCE = Certified Childbirth Educator (ASPO/Lamaze, Bradley or ICEA only)
      - CPHW = Comprehensive Perinatal Health Worker (minimum requirements: at least 18 years old, high school diploma or G.E.D. and one year full-time paid practical experience in providing perinatal care)

C) <u>Qualifications</u>: If applicable, enter the CA license, certificate or registration number that qualifies the practitioner for the practitioner type listed in column 4(B). For all practitioners, enter the name of the school, degree obtained and year graduated. For CPHWs, enter the name of the high school, "H.S. Diploma" or "GED" for degree, and the year graduated. A Certified Medical Assistant (without at least a high school diploma or GED) does not meet the minimum requirements for CPHW.

D) <u>Services Provided</u>:
- OB = Clinical obstetrical services (MD/DO, CNM, NP, PA, LM only)
- B = Backup physician for deliveries (for times when primary delivery physician is not available)
- CO = Client Orientation
- HE = Health Education
- N = Nutrition
- PSY = Psychosocial
- CC = Case Coordination
- CON = Consultation for patients identified as high risk

E) <u>Years of Experience</u>: Number of years of experience working in maternal and child health as a practitioner type entered in 4(B). For RDs, enter the number of years of experience in perinatal nutrition.

If using a hospitalist/laborist group for delivery, check the box and enter the name of the group. In this case, individual names of delivery physicians and backup physicians do not need to be entered in Section 2.

If attaching a CDPH 4448A form to include additional practitioners, check the box.

3. **AUTHORIZATION:** Enter the name, title and signature of the applicant or authorized agent signing the application. Enter the date the application was signed.

NEXT STEPS

- **Protocols:** Site-specific protocols are due to your local PSC within six months of CPSP approval. Work with your local PSC to develop new protocols or customize a previously approved protocols template.

- **CPSP Overview Training:** MCAH Division strongly recommends providers take the CPSP Overview Training to better understand and efficiently implement the program.