

Instructions for Completing the CPSP Staff Update Form

- Column 1 **Name and Location:** List the last name, first name and middle initial of all staff who are providing CPSP services (obstetrical, health education, psychosocial and nutrition.) If the staff member does not have a middle initial, indicate by NMI. Do not include the names of staff who perform other services such as translation, billing, clerical and lab functions. If any services are provided at site(s) different from service address specified on page 1 of the original application, please indicate location and services.
- Column 2 **Type or Specialty:** List the abbreviation for the type or specialty for appropriate practitioner type using **only** the exact abbreviations as follows:
1. Physician (**MD**)
 2. Certified Nurse Midwife (**CNM**)
 3. Registered Nurse (**RN**)
 4. Nurse Practitioner (**NP**)
 5. Physician Assistant (**PA**)
 6. Licensed Vocational Nurse (**LVN**)
 7. Social Worker (**SW**) (This includes MSW's, LCSW's and MFT's)
 8. Marriage and Family Therapist (**MFT**)
 9. Health Educator (**HE**)
 10. Childbirth Educator (**CE**)
 11. Dietitian/Registered (**RD**)
 12. Comprehensive Perinatal Health Worker (**CPHW**)
- If a CPSP practitioner does not fit into any of the first 11 types, you may list them as a CPHW as long as they meet the minimum qualifications: 18 years or older, high school graduation or GED and one year paid experience in perinatal care. For example, if you have a staff person with a PhD in anthropology without additional education that would qualify to be included in types 1 through 11, list the person as a CPHW. The same would be true of a foreign-trained health professional who is not licensed to practice in California; list the person as a CPHW until s/he can be listed in types 1 through 11.
- Column 3 **CA License, Certificate, Registration Number:** List license, certificate or registration numbers only if applicable. For example, CPHW's and Health Educators will not need to have a CA license, certificate, or registration number; indicate this by NA (not applicable).
- Column 4 **Expiration Date of License, Certificate or Registration Number:** If the CPSP practitioner is licensed, certified or registered, indicate the expiration date indicating the day, month and year. Be sure that the date has not passed. Put NA (not applicable) for those staff members who do not have such documents.
- Column 5 **Year Graduated, Degree and Institution/University:** List year of graduation, degree, and institution and that qualifies him/her for the practitioner type in column 2. You do not need to list every educational institution attended. For example, physicians will need only list where they graduated from medical school and the year of graduation, not high school and undergraduate work. A CPHW will need to give the place and dates of high school graduation or GED or other advanced academic training. Add the city and state (and if necessary, the country) of the institution if its name does not reflect its location.
- Column 6 **Medi-Cal rendering provider number:** Medi-Cal rendering provider numbers are 9-digit alpha-numeric numbers assigned to individuals who are approved Medi-Cal providers (physicians, certified nurse midwives, nurse practitioners, and physician assistants) who provide direct obstetrical care under a group, community clinic, hospital or FQHC Medi-Cal

provider number. Claims submitted for reimbursement include the group or clinic's Medi-Cal number as well as the Rendering Number of the individual who provided the service. If a solo CPSP provider employs other ob providers, these clinicians may not bill Medi-Cal separately for their services at that site; their services are billed under the rendering number of the solo CPSP provider who employs them.

- Column 7 **Years of Experience:** Indicate the years of qualifying experience for each practitioner. The definition differs slightly by provider type:
- For MD, CNM, RN, NP, PA, SW, MFT, HE, LVN, indicate the years of full time paid experience in maternal and child health.
 - For CE and CPHW, indicate the years of full time paid experience in perinatal care.
 - For RD/RDE, indicate the years of full time paid experience in perinatal nutrition.
- Column 8 **Obstetrics:** Put an X in the column only if the staff person will be providing obstetric, medical care to the CPSP client; this should be MD's, CNM's, NP's and PA's only.
- Column 9 **Supervision:** CPSP regulations require that all services "are provided by or under the personal supervision of a physician." Put an X in the column for the physician(s) will be providing supervision of the CPSP practitioners.
- Column 10 **Back-up:** Put an X in the column of the physician who will be providing antepartum, intrapartum, and/or postpartum patient care during the planned or unplanned absence of the attending physician.
- Column 11 **Client Orientation:** Put an X in the column if the staff person will be providing CPSP client orientation; it is suggested that **all** staff members be designated to provide this service.
- Column 12 **Health Education:** Put an X in the column if the staff person will be providing CPSP health education services; it is suggested that **all** staff members be designated to provide these services.
- Column 13 **Nutrition:** Put an X in the column if the staff person will be providing CPSP nutrition services; it is suggested that **all** staff members be designated to provide these services.
- Column 14 **Psychosocial:** Put an X in the column if the staff person will be providing CPSP psychosocial services; it is suggested that **all** staff members be designated to provide these services.
- Column 15 **Case Coordination:** Put an X in the column only if the staff person will be providing CPSP case coordination; it is suggested that **not all** staff members be designated to provide these services. Case coordination is an essential part of CPSP and is further described in the *CPSP Provider Handbook* pages 3-11 through 3-12.
- Column 16 **Consultation:** Put an X in the column for a staff member or outside contractor who provides consultation to your CPSP practitioners in the areas of the obstetrics or the support services, namely psychosocial, health education and nutrition.
- Column 17 **Protocol Approval:** Put an X in the column for a staff member or outside contractor who approved your CPSP medical, psychosocial, health education and nutrition protocols written within 6 months of the date of the original CPSP application to the state.

Make a copy of the staff update for your files and send the original with the completed and signed "Request for Approval of Changes to Previously Approved Application".