

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

# CPSP's Protocol & Forms FAQs



***COMPREHENSIVE PERINATAL SERVICES PROGRAM***



# Protocol & Forms FAQs

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## **1. Will the Protocols and Forms training be recorded, and will the slides be available? I would like to share them with my staff.**

Yes, the training was recorded and can be found on our [CPSP website](#). Unfortunately, the slides will not be provided.

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## **2. Is CPSP covered for up to one year postpartum?**

Yes, CPSP services are covered for up to one year postpartum. For more information on the postpartum expansion effective April 2022, refer to:

- [DHCS Postpartum Expansion](#)
- [Medi-Cal Postpartum Coverage](#)

If you need further clarification or information on aid codes, contact

- [Pregnancy@dhcs.ca.gov](mailto:Pregnancy@dhcs.ca.gov).
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## **3. What billing codes should we use for one-year postpartum services?**

Billing codes for postpartum services depend on the type of service provided and the aid code under which the patient qualifies. Since postpartum coverage was extended to 12 months under Medi-Cal, updated billing guidance, including codes, can be found in the resources below:

- [DHCS Eligibility Letter](#)
- [Medi-Cal Provider News](#)

For questions regarding aid codes, please visit the links above or contact [Pregnancy@dhcs.ca.gov](mailto:Pregnancy@dhcs.ca.gov). Other points of contact include:

- Medi-Cal: (800) 541-5555
  - Health Net: (800) 675-6110
  - L.A. Care: (888) 839-9909
  - If you have direct access to your Medi-Cal representative, they may provide the quickest response.
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## **4. Can we arrange transportation for patients if we don't have a resource within 10 miles of the clinic?**

Yes, as long as transportation is a covered benefit under the patient's managed care plan. Each plan has specific policies regarding transportation services, so we recommend referring to the patient's managed care provider.

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## **5. Do we need to revise our assessment forms?**

No, unless you choose to. However, please note that future trainings will no longer focus on past versions of the forms. The new assessment forms include important updates based on feedback from previous trainings and birth outcome data.

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## **6. Can other counties use the CPSP protocols with their own resources?**

Yes, but LA County's protocols are designed to match our specific assessment forms. If other counties use different forms, our protocols may not fully align.

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## **7. I couldn't find the 202 protocols on the website—how do we obtain them?**

The updated protocols can be found on our [CPSP website](#). Please check for the most recent updates there.

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## **8. Who do we contact regarding electronic CPSP forms?**

Providers are responsible for choosing the company and software they use. Based on our observations, some companies/software versions can replicate the LA County forms. If that's the case, the provider can use our corresponding protocols

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## **9. Is a signature through JotForm acceptable for the orientation checklist?**

The patient should sign the form themselves. If the system allows for this, it should be fine. If not, we recommend that the patient signs the Client Orientation form when they come into the clinic.

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## **10. If we conduct a telehealth reassessment, how do we handle blood pressure?**

Please contact Medi-Cal Billing at 800-541-5555 for telehealth policies. For blood pressure, this should be an internal discussion within your clinic to determine your workflow for obtaining necessary vitals remotely.

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## **11. Can CPSP assessments be conducted over the phone or via telehealth? Are telehealth appointments still acceptable?**

For telehealth-related inquiries, please contact Medi-Cal Billing at 800-541-5555. While telehealth may still be permitted, we recommend that the initial assessment be conducted in person. Many of the questions cover sensitive topics that may require rapport-building to ensure the patient feels comfortable responding. In-person interactions are more conducive to building that trust.

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## **12. If we start using the new assessment forms, do we need to notify CPSP?**

No, there is no need to notify us about switching to the new forms. However, we strongly encourage you to update your protocols when making the switch.

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## **13. Will a list of changes to the new forms be available?**

Yes, a document outlining the changes made to the forms can be found on our [CPSP website](#).

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## **14. What version of the assessment forms are currently in use?**

The 2024 version.

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## **15. What guidance does LA County CPSP provide for integrating State assessment forms into electronic medical records?**

LA County CPSP does not currently provide guidance on non-LA County forms. If referring to California Department of Public Health (CDPH) forms, more information may be available on their [website](#).

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## **16. What if a patient cannot answer all assessment questions in one visit?**

Assessments should be completed in one visit. If it must be split up (which should be rare), document the reason in a progress note explaining why it was broken up.

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## 17. Does the provider signature need to be done by an OBGYN, or can it be signed by a nurse practitioner?

The supervising physician must sign unless the physician has delegated day-to-day CPSP oversight to a Nurse Practitioner (NP) or Physician Assistant (PA). This information can be found on page 7 of your CPSP protocols under 'Supervising Provider Oversight.'

## 18. How should staff handle signatures for a late-entry patient?

For late-entry patients, staff should:

- Enter the date of the late entry in the "Initial" date section and record the number of weeks pregnant at the time of entry.
- In the trimester section that corresponds with the gestational age, write "Late Entry" (e.g., if the patient is 18 weeks, write "Late Entry" in the 2nd trimester section).
- On the Signature Page, sign and date under "Initial Assessment", and include any minutes provided.
- If applicable, write "Late Entry" in the signature fields for the 2nd or 3rd trimester as appropriate.

Refer to Protocol P.8 #5 for additional details.

Example: A patient enters care on 1/13/25 at 18 weeks. The date "1/13/25" and "18 weeks" go under "Initial." "Late Entry" is written in the 2nd trimester section. On the signature page, the staff signs under "Initial Assessment" and writes "Late Entry" in the 2nd trimester section.

Comprehensive Perinatal Services Program			
Prenatal Assessment/Reassessment and Individualized Care Plan			
Initial: <u>1/13/25</u> / <u>18</u>	2 <sup>nd</sup> Trimester: <u>Late</u> / <u>Entry</u>	3 <sup>rd</sup> Trimester: _____ / _____	
Date Weeks	(14-27 Weeks) Date Weeks	(28 Weeks – Delivery) Date Weeks	

  

Initial Assessment Completed By: <u>Marylene Hernandez</u> CPHW	<u>1/13/25</u>	<u>90</u>
Name & CPSP Title	Date	Minutes
2 <sup>nd</sup> Trimester Reassessment Completed By: <u>Late Entry</u>	_____	_____
Name & CPSP Title	Date	Minutes
3 <sup>rd</sup> Trimester Reassessment Completed By: _____	_____	_____
Name & CPSP Title	Date	Minutes



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## **19. We send attestation to the OB provider—is this acceptable?**

Our team is unsure of what this refers to. If the attendee means that they send the assessment and ICP to the provider for signature, it's important to note that while the signature is required, the provider must review the information before signing and cannot simply sign off on the documents. The supervising MD is responsible for the patient's care

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## **20. CASE: I'm conducting a second reassessment for a patient who is 22 weeks pregnant. She is scheduled for a CBC/1-hour glucose test in two weeks. How should I address Question 69 if I don't yet know whether she has anemia?**

You may leave Question 69 blank for now and return to complete it once the lab results are available. At that time, provide the necessary intervention and follow-up based on the results.

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## **21. Who can I contact if I have questions after the training?**

If you have any questions after the training, please email the CPSP team at [cpssp@ph.lacounty.gov](mailto:cpssp@ph.lacounty.gov). A member of our team—either from the Enhanced Services team or the nurse assigned to your office—will follow up with you.

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## **22. We were previously instructed to add our initials after each CPSP entry. Is this still required?**

You are correct—this was a requirement in the past. However, it is no longer necessary to include your initials after each entry. Please follow the documentation examples provided during the training, as they reflect current expectations.

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## **23. Can we request a sample of the assessment form in electronic medical record (EMR) format?**

At this time, we do not have CPSP forms available in an electronic medical record format. Each EMR system or software vendor typically uses their own version of the CPSP forms or customizes them to align with our format. However, we do have the forms available in PDF format, and can be downloaded [here](#).

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## **24. Is client orientation provided every 30 days?**

No, client orientation is not required every 30 days. It is typically offered when a patient first has a positive pregnancy test or prior to their initial comprehensive OB exam. However, client orientation can take place at any point during the pregnancy. There are pre-established topics included, and the form also allows space for clinics to add or write in additional topics relevant to the patient. A total of 120 minutes is allotted for client orientation throughout the entire pregnancy.

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## **25. Can assessments be completed at any time?**

Assessments should be completed according to the timeline outlined at the top of the Prenatal Assessment form. If the patient is a late entry to care, you should follow the late entry guidelines provided during the training. Additionally, if your clinic or managed care plan has specific protocols, you should follow those standards. Please refer to Protocol P. 7 under Prenatal Assessment for more details.

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## **26. Can we complete the postpartum (PP) assessment before the postpartum exam?**

Yes, the postpartum assessment can be completed before the postpartum exam. There is a specific question on the assessment that asks whether the patient has had their postpartum check-up and, if not, when it is scheduled. If the patient does not have an appointment scheduled, this is a good opportunity to assist her in making one.

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## **27. Do we need to schedule another CPSP appointment with the patient to complete the Update & Outcome section of the Postpartum Assessment?**

If any risks are identified during the postpartum assessment, it is highly recommended to schedule a follow-up appointment with the patient to address those concerns and complete the Update & Outcome section as needed.

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## **28. What is the average time for an initial assessment?**

The average time for an initial assessment is 90 minutes total—30 minutes for Health Education, 30 minutes for Psychosocial, and 30 minutes for Nutrition; if it exceeds 90 minutes, document the reason in a progress note (e.g., low literacy level, first pregnancy, etc.).

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# Protocol & Assessment FAQs

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## **29. Can postpartum assessments still be completed if the patient did not receive prenatal CPSP services or assessments?**

Yes, you may still complete a postpartum assessment. If the patient received OB care and CPSP services from another CPSP provider but delivered with one of your doctors, the patient should return to their original provider for postpartum care.

If the patient is new to your clinic and did not previously receive CPSP services, be sure to document that the patient is a late entry in the progress notes. Please refer to Protocol P. 8, #5, last sentence for guidance.

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## **30. Any questions regarding the 4P's Plus screening tools, specifically related to substance abuse in the home?**

At this time, there are no CPSP assessment questions related to the 4P's Plus screening tools.

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## **31. If there is a fetal demise or stillbirth, even during the second trimester, do we still complete the postpartum assessment?**

Yes, a postpartum assessment should still be completed, even if the fetal demise occurs in the second trimester. While some questions may not apply, it is essential to assess the patient's physical and emotional well-being and provide appropriate care and resources based on her experience. If there was no prenatal care, it is also recommended to document the reason, if known.

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## **32. Will these “changes” trainings be offered again? Is there a schedule so my clinic's CPHW can attend?**

Updates regarding future trainings will be shared through CPSP bulletins. Please keep an eye out for those announcements to stay informed about upcoming sessions and opportunities for your team to attend.

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