

## Comprehensive Perinatal Services Program Administrative Review Tool

**Provider:** \_\_\_\_\_

**Staff Present/title:** \_\_\_\_\_

**Perinatal Services Coordinator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Indicators	Yes	No	N/A	Comments
<b>A. Application current/changes have been submitted to PSC</b>				
1. All staff delivering care have been approved by PSC (on application)				
2. Description of practice current (note changes)				
3. Antepartum/intrapartum/postpartum agreements current				
4. Delivery hospitals current				
5. OB assessment form used (e.g. ACOG, other)				
6. Approved assessment forms on file with PSC.				
a. Nutrition				
Note dietary assessment form used				
b. Psychosocial				
c. Health Ed.				
d. Trimester Reassessments				
e. Postpartum assessment				
<b>B. Group classes</b>				
1. Sign in sheets				
2. Lesson plans				
<b>C. Physical layout—pt. confidentiality</b>				
<b>D. Staff resources</b>				
1. Current handbooks/ manuals (check date)				
a. CPSP Provider Handbook				
b. Steps to Take Manual				
c. Medi-Cal Provider Manual (on-line) Medi-Cal Bulletins (on-line)				
2. Protocols available, current and accessible for all staff, aligned w/ assessment forms.				
a. Protocols state how provider supervises care and documents this.				
b. Protocols describe orientation, which includes all items required: detailed information on services to be provided, who will provide services, where to obtain services, when the services will be delivered, patient rights and responsibilities, identifying an emergency (danger signs), and what to do in an emergency.				
c. Mandatory referrals in place (WIC, CHDP, Family Planning, Genetic Diseases, Dental)				
d. High risk referral mechanisms in place (RD, GDM, perinatologist)				
e. Protocols describe flow of care (intake, orientation, assessment, reassessment, postpartum, case coordination), including requiring initial assessments to be completed within 4 weeks of the initial visit.				
f. Protocols signed by MD and qualified discipline/consultants or previously approved				

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protocols customized to site and signed by provider				
g. Protocols require sending prenatal record or summary to delivery doctor/hospital				
h. Protocols require obtaining copy of delivery record for CPSP chart.				
3. Staff demonstrates appropriate use of STT and protocols.				
4. Training				
• At least one staff member has attended				
Note: Inform of upcoming local, online and state trainings				
<b>E. Does provider take Medi-Cal Managed Care?</b>				
List plans, review MCMC chart as well as FFS charts:				
a. Medical Groups or Independent Practice Associations (list)				
<b>F. Optional items:</b>				
• Perinatal Resource Directory—If PSC develops this, could offer as a resource to the office				
• Prenatal care health education materials reviewed (if using other than STT)				
• Language appropriate for population				
• Culturally/linguistically appropriate materials				
• Internal QA/CQI process—Is this present?				
• Presumptive eligibility * if no, give provider info, discuss barriers, encourage to apply				
• Administration of prenatal immunizations (e.g., Tdap and flu) * if no, ensure provider is referring patients and documenting off-site receipt				
<b>G. Optional Administrative Items **</b>				
1. Change in ownership and NPI ~ Medi-Cal was notified				
2. Provider address matches Medi-Cal				
3. Refer billing questions to Medi-Cal billing rep.				
<b>Notes</b>				
 <b>Issues:</b>				
 <b>Provider to develop corrective action plan with due date, action required, person responsible.</b>				

**PSC signature:** \_\_\_\_\_

\*\* PSCs may choose to add any local perinatal quality improvement activities under “optional administrative items”.