

While waiting...meet your fellow participants

Total # of people in today's session
= 151

What do you for CPSP do at your clinic?

Back office =	24
Clinic Administrator =	33
Clinician =	3
CPHW =	32
Other direct patient care =	15
Front Desk =	5
Health Educator =	16
Nutritionist =	3
Psychosocial =	2
Perinatal Service Coordinators =	11

Length of time working in CPSP

Up to 1 year =	32 %
1-3 years =	20 %
4-7 years =	less than 1 %
> 7 years =	25 %
> Did not answer = 30 %	

Counties represented = 10





Comprehensive Perinatal Services Program (CPSP)

Day 3: CPSP Client Flow - the Middle



Welcome and Introductions

✓ CSUS staff – Jordan Lose & Kim Celles

✓ Me – Adrienne Duque-Cooke

___ State of CA staff

___ Perinatal Service Coordinators
from the following 11 Counties: Inyo, Kern, LA, Madera, Mono, San Diego, San Bernardino, Shasta, Stanislaus, Ventura, Yolo

___ You



The Middle

- CPSP Program Model
 - Assessment
 - Care Plans
 - Interventions
- CPSP documentation
- Billing/reimbursement
- STT resource - how to use



Delivering CPSP Services



Initial Assessment



Initial Assessments

- Face-to-face interview
- Obstetric +
 - Nutrition
 - Psychosocial
 - Health Education
- Assessment form
 - Collects information on required program elements (contact your PSC if you need a form)
- When? within 30 days of initial visit
- Minimum of _____ minutes per “discipline”





It's time for a poll.....

Do you use an initial assessment form that combines all the disciplines (comprehensive/combined assessment) OR do you use a separate assessment form each discipline (3 separate assessment forms)?



Assessment / ICP Component – Health Education

Health Education	Client/Partner	Health Education Individualized Care Plan	Client/Partner
<p>1. How do you like to learn? <input type="checkbox"/> Read <input type="checkbox"/> Watch <input type="checkbox"/> Listen <input type="checkbox"/> Other</p> <p>2. Do you have someone you can talk to about what you are thinking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. What language do you prefer to read? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other</p> <p>4. What are your goals for this pregnancy? <input type="checkbox"/> Healthy baby <input type="checkbox"/> Other</p>	<p>1. How do you like to learn? <input type="checkbox"/> Read <input type="checkbox"/> Watch <input type="checkbox"/> Listen <input type="checkbox"/> Other</p> <p>2. Do you have someone you can talk to about what you are thinking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. What language do you prefer to read? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other</p> <p>4. What are your goals for this pregnancy? <input type="checkbox"/> Healthy baby <input type="checkbox"/> Other</p>	<p>1. How do you like to learn? <input type="checkbox"/> Read <input type="checkbox"/> Watch <input type="checkbox"/> Listen <input type="checkbox"/> Other</p> <p>2. Do you have someone you can talk to about what you are thinking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. What language do you prefer to read? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other</p> <p>4. What are your goals for this pregnancy? <input type="checkbox"/> Healthy baby <input type="checkbox"/> Other</p>	<p>1. How do you like to learn? <input type="checkbox"/> Read <input type="checkbox"/> Watch <input type="checkbox"/> Listen <input type="checkbox"/> Other</p> <p>2. Do you have someone you can talk to about what you are thinking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. What language do you prefer to read? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other</p> <p>4. What are your goals for this pregnancy? <input type="checkbox"/> Healthy baby <input type="checkbox"/> Other</p>



Sample - Initial Assessment

Psychosocial:

Psychosocial Needs/Risks/Concerns (ask questions in Initial, 2nd or 3rd trimester as indicated)

1. Is this a planned pregnancy? Yes No, describe:
 1
2. Is this a wanted pregnancy? Yes No, describe:
3. Are you considering abortion/adoption? No Yes, describe:
4. How does the FOB/Partner feel about the pregnancy? Happy Involved Upset FOB/Partner not sure Uninvolved FOB/Partner doesn't know Client doesn't know how partner feels
 1 partner feels
 Client wishes more support, identified sources:
5. What are your goals for this pregnancy? healthy baby other:



Test Yourself

It's time for a poll.....

How many minutes
MINIMUM
do you need to spend on the
initial assessment?




Test Yourself

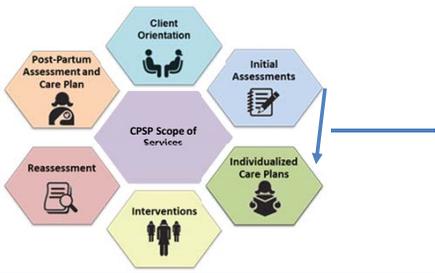
It's time for a poll.....

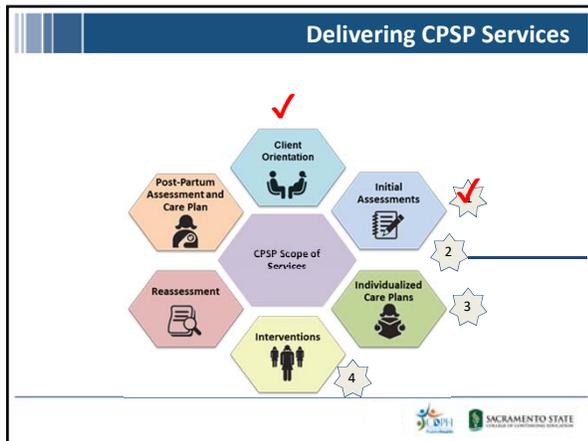
After the client's first visit,
how long do you have to
complete the initial
assessment?




Delivering CPSP Services

Individualized Care Plan





Step

Initial Assessments

What's next?

- Prioritize the client's needs & look for strengths
- Consult protocols

SPH SACRAMENTO STATE

Let's meet "Ana"- post assessment

- Ana is 17 years old and 4 months pregnant
- Has a 6-month old baby
- Was depressed after her baby was born.
- Does not want to gain weight. 2-3 sodas a day because she is hungry.
- Comes to clinic because of bad nausea.
- She works at a grocery store now.
- Good support from the father of the baby & her family, who live nearby
- Sometimes they short of money. She eats lots of ramen (noodle soup) because its cheap.
- She and her boyfriend smoke marijuana to handle stress.
- Sometimes they fight due to stress.



Prioritizing

It's time for a poll.....

Which of Ana's "problems" would you chose to focus on?



Prioritizing

- **What** - Prioritizing tells you the problems you will start with.
 - Your "top priority" problem is not necessarily be Ana's top priority
- **How** do you prioritize?
 - Whose priority do you start with?
- **Why** do it?

After an assessment, prioritize problems and identify strengths!

- **Reminder** - Chat box -type 1 of Ana's strengths!





Protocols

- Protocols* tell you what to do, including
 - Interventions
 - Referrals
- Before you can make your care plan, you must consult your protocols.

* Remember – CPSP is a protocol driven program

Prioritizing

It's time for a poll.....

Have you seen your clinic's CPSP Protocols?

Delivering CPSP Services

Site-Specific Protocols

- The link between CPSP requirements and the practice setting
- Standardize your care – provide legal backup
- Must be customized for each site
- Developed for each enhanced service
 - Orientation, assessments, care plans, etc.
- Aligned with assessment form and used when developing the care plan
- Should be the ‘answer key’
- Will tell you which interventions and referrals to make




Protocol Instructions Correspond to the Tools used by the Provider

PSYCHOSOCIAL INITIAL AND TRIMESTER ASSESSMENT

NOTE: Ask questions 1 through 13 during the initial assessment only. Ask questions 14 through 27 during the initial assessment **and** again each trimester.

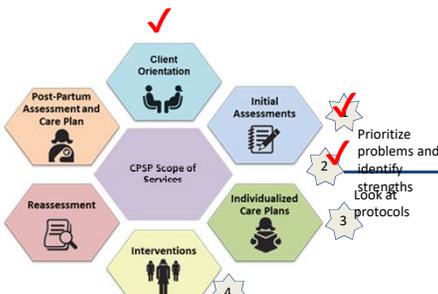
- 1. Is this a planned pregnancy?** If the client indicates this was not a planned pregnancy, check **No** and briefly describe e.g., “failed birth control” or “didn’t think she could get pregnant.” Also ask if this was due to her partner interfering with her birth control or forcing her to have unprotected sex. If so, inform the client that there are birth control methods her partner does not have to know about, notify the provider of the finding, and make a note to follow up in the third trimester and at the postpartum visit.
- 2. Is this a wanted pregnancy?** Check **Yes** if client accepts the pregnancy and plans to continue prenatal care and raise the child. **If the client answers Yes, skip Question 3.** If the client indicates this is an unwanted pregnancy, check **No** and give a brief description of her answer. If the client indicates she is uncertain about her pregnancy provide the STT handout. **Uncertain about Pregnancy** and review this with the client.

A sample protocol can also be found at:
[https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH Document Library/CPSP-Protocols.docx](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-Protocols.docx)





Delivering CPSP Services




Please stamp this slide if you have written a care plan before.




Individualized Care Plans

Individualized Care Plan

- Based on assessment findings
- Identifies and documents client **strengths**
- Includes a prioritized list of **problems**
- Developed with the client according to protocols
- Sets **goals** for **interventions**
- Identifies needed **referrals**



The CPSP Model – Step by Step

Interventions



- Referrals
- One on one education
 - Steps To Take resources
- Group classes



Individualized Care Plans

Individualized Care Plan

- Based on assessment findings
- Identifies and documents client **strengths**
- Includes a prioritized list of **problems**
- Developed with the client according to protocols
- Sets **goals** for **interventions**
- Identifies needed **referrals**



Individualized Care Plan

02/06/2016

Strengths ➤ Support from family and partner.

Problem ➤ Unplanned pregnancy (didn't think she could get pregnant)

Goal ➤ Client will get emotional support for her pregnancy and choose birth control method to use postpartum

Interventions ➤ Educate per protocol. Gave STT, "Uncertain About Pregnancy?" Referred to Social Worker.
A. Cooke, CPHW *92 minutes*



Sample - Initial Assessment

Psychosocial:

Psychosocial Needs/Risks/Concerns (ask questions in Initial, 2nd or 3rd trimester as indicated)

1. Is this a planned pregnancy? Yes No, describe:
2. Is this a wanted pregnancy? Yes No, describe:
3. Are you considering abortion/adoption? No
 Yes, describe:
4. How does the FOBI/Partner feel about the pregnancy? Happy
 Involved Upset FOBI/Partner not sure Uninvolved
 FOBI/Partner doesn't know Client doesn't know how partner feels
 Client wishes more support, identified sources:
5. What are your goals for this pregnancy?: healthy baby
 other:



Sample/ Care Plan

Psychosocial:		Psychosocial Individualized Care Plan Developed with Client	Comment
1. Is this a planned pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe:		<input type="checkbox"/> Client states she understands STT PSY, <input type="checkbox"/> Uncertain about pregnancy, <input type="checkbox"/> Choices	
2. Is this a wanted pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, describe:		<input type="checkbox"/> Client goalplan, <input type="checkbox"/> Informed of CA Safe Surrender Law, <input type="checkbox"/> Consult with OB provider, <input type="checkbox"/> Referred to for:	
3. Are you considering abortion/adoption? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, describe:			
4. How does the FOB/partner feel about the pregnancy? <input type="checkbox"/> Happy <input type="checkbox"/> Involved <input checked="" type="checkbox"/> Upset <input type="checkbox"/> FOB/Partner not sure <input type="checkbox"/> Uninvolved <input type="checkbox"/> FOB/Partner doesn't know <input type="checkbox"/> Client doesn't know how partner feels <input type="checkbox"/> Client wishes more support, identified sources:		<input type="checkbox"/> Referred to for: <input type="checkbox"/> Client goalplan:	
5. What are your goals for this pregnancy? <input type="checkbox"/> healthy baby <input type="checkbox"/> other:		<input type="checkbox"/> Referred to for: <input type="checkbox"/> Client goalplan:	

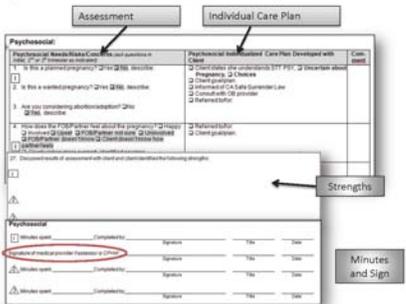



Sample – documenting an assessment and care plan

Assessment / ICP Components - Psychosocial

Assessment

Individual Care Plan






Individualized Care Plan

02/06/2016

Strengths

- > Came to clinic
- > Previous pregnancy

Problem

- > Nausea every morning and vomiting "occasionally"

Goal

- > Client will eat small meals every 2-3 hrs. daily

Interventions

- > Reviewed HOs per protocol: Nausea: Tips, Nausea: Choose, and Nausea What to do when vomit. Had client id foods she likes. A. Cooke, CPTW 96 mins.






Individualized Care Plans

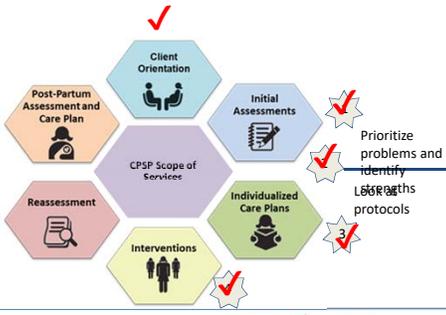
Individualized Care Plan

- Documentation format varies by form you use
- Essential elements of the documentation do not change. (for example, always include minutes, etc).
- First ICP is after the initial assessment
- Reviewed at each visit and updated as needed

- An effective tool for coordinating a client's perinatal care



Delivering CPSP Services




Billing/Reimbursement

Billing Code Summary

Procedure Code	Procedure Description	Units	Rate	Total
90.01	Initial Assessment - 15 min	1	150.00	150.00
90.02	Post-Partum Assessment and Care Plan	1	150.00	150.00
90.03	Reassessment	1	150.00	150.00
90.04	Interventions	1	150.00	150.00
90.05	Individualized Care Plans	1	150.00	150.00
90.06	Client Orientation	1	150.00	150.00
90.07	CPSP Scope of Services	1	150.00	150.00



CPSP Contacts

CPSP Contacts:

Mari Taylan-Arcoleo, MPH
 Chief, Perinatal Clinical Programs and LHJ Support Section
Mari.Taylan@cdph.ca.gov

Lisa Fauske Schalk, RN, MPH
 Nurse Consultant III Specialist
Lisa.Schalk@cdph.ca.gov

CPSP Provider Enrollment
CPSPProviderEnrollment@cdph.ca.gov

PSC Providers List:
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/Sites.aspx>



- Thank you.
- Hope to see you next Friday at noon!
- **Any comments or feedback are welcome.**
 Please leave them in the chat (after you leave your "one thing.....") !