

Frequently Asked Questions (FAQs)

1. Why has the role of Local MCAH and the Perinatal Services Coordinators (PSCs) changed for CPSP?

By 2024, the Department of Health Care Services (DHCS) expects over 99% of Medi-Cal beneficiaries to be enrolled in Managed Care Plans (MCPs) with only a small percentage of Medi-Cal members remaining in Medi-Cal Fee-for-Service (FFS). As a result, the number of CPSP FFS providers who are providing CPSP services to a limited group of beneficiaries and the number of CPSP FFS providers needing assistance with enrollment and technical assistance will continue to decrease. These changes are necessary to align responsibility appropriately, avoid duplication of services, reduce administrative inefficiencies, and consolidate additional activities at the state level.

2. Is CPSP moving from CDPH to DHCS?

No, CPSP will continue to be jointly administered by CDPH and DHCS. CDPH and DHCS responsibilities consist of the following:

CDPH	DHCS
<ul style="list-style-type: none">CPSP FFS Provider Enrollment	<ul style="list-style-type: none">CPSP Coverage & Reimbursement (both FFS and Managed Care)
<ul style="list-style-type: none">CPSP FFS Provider Monitoring & Oversight (e.g., Annual Survey, CPSP Protocol Review)	<ul style="list-style-type: none">Oversight of Medi-Cal MCP Delivery of perinatal services, including CPSP-like services

	<ul style="list-style-type: none"> ○ <i>Note: MCP Network Providers should work with their MCP to become a network provider. When providers need assistance in offering perinatal services, including CPSP-like services, the MCP is responsible to ensure that assistance is available so that the members receive medically necessary covered services.</i>
<ul style="list-style-type: none"> • CPSP FFS Provider Training 	<ul style="list-style-type: none"> • Oversight of Medi-Cal MCP Quality Assurance Activities (including CPSP activities)
<ul style="list-style-type: none"> • CPSP FFS Technical Assistance 	<ul style="list-style-type: none"> • Ongoing Community Partner Engagement through Birthing Care Pathway Initiative

DHCS is responsible for setting the Medi-Cal coverage and reimbursement policy for CPSP services provided to Medi-Cal members in both managed care and FFS delivery systems, as outlined in the Medi-Cal Provider Manual. In the managed care delivery system overseen by DHCS, Medi-Cal MCPs (and subsequently their network providers) must provide CPSP-like services that are comparable in nature and scope to those provided in Medi-Cal FFS, but that may also exceed Medi-Cal requirements. In addition, DHCS works in close partnership with CDPH relative to CPSP FFS provider enrollment and monitoring/oversight as well as the production of helpful assessment tools and other resources to assist with the delivery of CPSP services by enrolled CPSP providers.

California Department of Public Health (CDPH)'s Maternal, Child, and Adolescent Health (MCAH) Division is responsible for enrollment and monitoring/oversight of CPSP FFS providers. CDPH/MCAH is shifting local activities supporting CPSP FFS provider enrollment (e.g., technical assistance (TA) regarding new provider application completion and site-specific protocols) and monitoring/oversight from the local level to the State.

3. How were the changes to the CPSP Program communicated to local health jurisdictions (LHJs)?

Over the last year, changes to CPSP were communicated in a variety of ways, including virtual meetings with MCAH Directors and DHCS; a CDPH/MCAH Program letter dated [May 16, 2023](#); in MCAH Policies and Procedures; and updates on the [CPSP website](#).

4. What responsibilities have changed for LHJs around CPSP?

Perinatal Services Coordinators (PSCs) will no longer be recruiting, enrolling, providing TA, or conducting monitoring/oversight of CPSP providers and the implementation of CPSP. During the State Fiscal Year 2023-24 transition, CDPH/MCAH updated MCAH Policies and Procedures related to the roles and responsibilities of PSCs (see [Local MCAH Program Policies and Procedures](#), p. 27), including partnering with CDPH/MCAH to refer local providers to the State and to offer input and recommendations regarding the transition. PSCs' responsibilities will continue to focus on improving maternal and birth outcomes based on the needs of their communities.

5. What will the PSCs' role be going forward?

PSCs will continue to act as a resource and assist with the MCAH Title V goal of linkage to services for pregnant and postpartum individuals. PSCs are instrumental in working with maternal and perinatal care providers to address public health priorities, concerns, and ensure accessibility and equity of services in each LHJ. The [Local MCAH Program Policies and Procedures](#), along with the [MCAH Fiscal Policies and Procedures](#), provides additional examples of PSC activities and responsibilities in the use of Title XIX funding.

6. What should the PSC do if a Provider asks the PSC to enroll or has questions about CPSP?

PSCs should refer FFS providers to CDPH/MCAH. CDPH/MCAH staff will be able to assist FFS providers with enrollment or questions they have regarding CPSP. Enrollment or application questions for FFS providers should be directed to

[CPSP Provider Enrollment \(CPSPProviderEnrollment@cdph.ca.gov\)](mailto:CPSPProviderEnrollment@cdph.ca.gov) and general inquiry questions regarding trainings, technical assistance, or submission of CPSP Protocols for FFS providers should be directed to [CPSP General Inquiry \(MCAHCPSPGeneralInquiry@cdph.ca.gov\)](mailto:MCAHCPSPGeneralInquiry@cdph.ca.gov).

Given that Medi-Cal MCPs are required to provide CPSP-like services, MCP network providers interested in providing these services should be referred to their applicable MCPs to explore opportunities to provide CPSP-like services in the managed care delivery system.

7. Who will provide CPSP training and/or technical assistance (TA) for CPSP providers?

CDPH/MCAH will provide TA to CPSP FFS providers. Training modules will continue to be available on the [CPSP website](#). CPSP providers can contact [CPSP General Inquiry](#) for any questions on implementation of CPSP.

Medi-Cal MCPs are responsible for ensuring their providers contracted to offer Perinatal Services are proficient in performing these services including CPSP-like services. When deficiencies are noted, technical and training assistance is required to be provided by the MCP.

8. How will monitoring/oversight, such as chart reviews, be conducted for CPSP FFS Providers?

CDPH/MCAH has developed new processes for monitoring and oversight of CPSP FFS Providers, which are outlined on the [CPSP website](#). In early 2024, a CPSP Provider Annual Survey will be sent to all CPSP FFS providers with the expectation that the survey will be completed by April 30 of each calendar year. Additionally, CDPH will be reviewing CPSP providers' site-specific protocols at the time of enrollment and once every three years for all CPSP FFS providers. The CPSP Annual Survey and CPSP Protocol Reviews will be in lieu of chart reviews and administrative reviews previously conducted by PSCs.

9. How will monitoring/oversight, such as chart reviews, be conducted for Medi-Cal Managed Care Plans?

Under the purview of DHCS, Medi-Cal MCPs continue to be responsible for the oversight and quality assurance of CPSP-like services and associated elements that they delegate to subcontractors. Currently, nothing has changed relative to DHCS Medi-Cal policy for CPSP services, particularly as it relates to managed care. Per [DHCS APL 22-017](#), MCPs are required to conduct medical record reviews for their network primary care physicians which includes a review of CPSP-like services.

DHCS does recognize there is an opportunity to improve maternity care in the Medi-Cal program, including CPSP. DHCS is in the process of a comprehensive assessment of Medi-Cal policy, program services, and payment strategies to reduce maternal morbidity and mortality through the [Birthing Care Pathway Initiative](#). DHCS is aware of local concerns about the need for MCP oversight of CPSP or CPSP-like services during this transition and is having discussions in the Birthing Care Pathway Initiative with community partners about CPSP program modernization under Managed Care, along with comprehensive assessments, case management, evaluation, and DHCS oversight activities (see <https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx>). DHCS anticipates publishing a public report outlining policy recommendations from the Birthing Care Pathway Initiative in summer 2024.

10. CPSP providers have historically transmitted protocol updates (e.g., staffing changes, changes to assessment tools) to LHJ PSCs; PSCs would then review and send to CDPH. With this transition, where should CPSP providers send protocol updates?

CDPH is not routinely collecting updates to CPSP Protocols for current CPSP providers. Updates or changes to a provider's approved CPSP Protocol must be documented and filed in the provider's office/clinic and must be made available upon CDPH's request for review or for CPSP audit purposes. CDPH will review all CPSP provider protocols at the time of enrollment and every three years thereafter.

11. What is the process for CPSP providers who make Medi-Cal changes such as an address or clinic name change?

A CPSP Provider must report changes to their Medi-Cal enrollment status to the DHCS [Provider Application and Validation Enrollment \(PAVE\) Portal](#) so that the Medi-Cal Provider Master File (PMF) profile is updated (e.g., provider name, legal name, service address, provider type, NPI).

In addition, CPSP providers should notify CDPH via email to the [CPSP Provider Enrollment](#) (CPSPProviderEnrollment@cdph.ca.gov) mailbox if there have been updates to their PMF profile so that CDPH/MCAH can view the PMF and make updates to the CPSP database.

12. Should PSCs return provider applications and original application approval letters to their CPSP providers?

For any provider applications or approval letters still maintained by the LHJ, PSCs may return documents to their CPSP providers, particularly if record retention timelines have passed and necessitate file destruction. Providers may need their submitted application and/or approval letter to compare changes in protocols and/or verify their CPSP enrollment status.

13. What is the record retention at county level?

Documentation of Agreement Funding Application (AFA) and Local MCAH Scope of Work (SOW) activities conducted by the PSC and/or the MCAH Director related to the CPSP activities must be kept on file for audit purposes for seven (7) years from the date of final invoice payment (see [MCAH Fiscal Policies and Procedures](#), Audit File Retention). Please refer to [Local MCAH Program Policies and Procedures](#) for further instructions. LHJs may additionally have specific record retention requirements; LHJs should ensure compliance with any local requirements, as applicable.

14. Our LHJ has outstanding questions regarding CPSP; who at the state should we contact?

[CPSP General Inquiry \(MCAHCPSPGeneralInquiry@cdph.ca.gov\)](mailto:MCAHCPSPGeneralInquiry@cdph.ca.gov)

DHCS Birthing Care Pathway General Inquiry (birthingcarepathway@dhcs.ca.gov).