

RETAIN THIS FORM AT ALL TIMES WITH YOUR PROTOCOLS

Comprehensive Perinatal Services Program

PROTOCOL ADDENDUM: PHYSICIAN OVERSIGHT

The following is from the May 2012 Medi-Cal Provider Bulletin:

“Comprehensive Perinatal Services Program (CPSP) services are to be provided by or under the personal supervision of a physician. California Code of Regulations, Title 22, Section 51179.5, defines personal supervision as ‘evaluation, in accordance with protocols, by a licensed physician, of services performed by others through direct communication, either in person or through electronic means.’

Effective for dates of service on or after June 1, 2012, each provider’s protocols must define how personal supervision by a physician occurs and is documented.”

This information can be found at:

<http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ob201205.asp#a5>

To ensure compliance as a CPSP provider, please indicate how you will provide oversight of the CPSP services provided by all CPSP practitioners (CPHW, RN, LVN, RD, etc.) in your practice: (mark one)

- The supervising physician will review and sign each Individualized Care Plan
- The supervising physician will review and sign the initial CPSP assessment form
- The supervising physician will review and sign the initial CPSP assessment, trimester reassessments, and postpartum assessment
- Other – The supervising physician will: (please describe how CPSP oversight will be provided and documented)

Provider Name/Address: _____

Supervising Physician Signature: _____ **Date:** _____

Supervising Physician Printed Name: _____

Mail or fax a signed copy of this form to:

*CPSP Program Office
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