



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)

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**Provider Name/Address:** \_\_\_\_\_

**Supervising Physician Signature:** \_\_\_\_\_

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

Mail or fax a signed copy of this form to:

*Orange County Health Care Agency*  
*CPSP Program*  
*1725 W. 17<sup>th</sup> Street*  
*Santa Ana, CA 92706*  
*(714) 834-8051*