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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 3@ Standards for Participation

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Section 51249@ Application Process for Comprehensive Perinatal Providers

51249 Application Process for Comprehensive Perinatal Providers

(a)

Except where a capitated health system contract entered into by the Department provides otherwise, to become a comprehensive perinatal provider as defined in Section 51179.1, the Medi-Cal enrolled provider shall complete and submit a Department approved application form entitled Application for Certification As A Comprehensive Perinatal Provider Under Medi-Cal to the local health department or designated State agent for review. The designated agent may include counties or other non-profit organizations as designated by the Director of the Department. Applications shall be available from the local Comprehensive Perinatal Services Program Coordinator or the State Maternal and Child Health Branch, 714 P Street, Sacramento, CA 95814.

(b)

The Department shall utilize the following criteria in evaluating applications: (1) Provider's ability to provide the services specified in Section 51348 through the provider's own service or through subcontractors. (2) Training and experience of providers rendering services specified in Section 51348. (3) Quality of care rendered by providers as evidenced by history of: (A) Revocations, suspensions, or restrictions by a licensing authority. (B) The extent of training received in the provision of comprehensive perinatal care which has been approved by the State.

(1)

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(3)

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(A)

Revocations, suspensions, or restrictions by a licensing authority.

(B)

The extent of training received in the provision of comprehensive perinatal care which has been approved by the State.

(c)

The Department shall have responsibility for the final decision and for notifying the provider of acceptance or rejection of the application.

(d)

The Department shall: (1) Within 60 calendar days from receipt of the application, inform the applicant in writing that the application is complete and acceptable or that the application is deficient and what specific information or clarification is necessary. (2) Within 60 calendar days from receipt of an application which is complete upon initial submission, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider. (3) Within 60 calendar days from receipt of any information or clarification necessary to make an

application complete, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider. (4) Send written notification to the applicant upon approval or denial for participation as a comprehensive perinatal provider. The written notification of the denial shall contain the basis for the denial.

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Within 60 calendar days from receipt of an application which is complete upon initial submission, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.

(3)

Within 60 calendar days from receipt of any information or clarification necessary to make an application complete, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.

(4)

Send written notification to the applicant upon approval or denial for participation as a comprehensive perinatal provider. The written notification of the denial shall contain the basis for the denial.

(e)

An applicant whose application has been denied shall have 30 calendar days from the date of the receipt of written notification of the denial to submit a written appeal to the Department. This written appeal shall contain factual statements as to why the applicant meets the criteria which have been cited as the basis for the

denial of the application. The Department shall issue a written decision within 60 calendar days of receipt of the applicant's appeal.