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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 4@ Scope and Duration of Benefits

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Section 51348@ Comprehensive Perinatal Services

51348 Comprehensive Perinatal Services

(a)

Comprehensive perinatal services, as defined in Section 51179, are covered to the extent specified in this section. Prior authorization is required for nutrition, psychosocial and health education services which exceed the Maximum Frequency amounts as set forth in Section 51504.

(b)

Except where a capitated health system contract entered into by the Department provides otherwise, obstetrical services in addition to all necessary medical care shall include, but are not limited to: (1) A written assessment of each patient's obstetrical status. (2) Preparation of the individualized care plan obstetrical component.

(1)

A written assessment of each patient's obstetrical status.

(2)

Preparation of the individualized care plan obstetrical component.

(c)

Except where a capitated health system contract entered into by the Department provides otherwise, nutrition services shall include but are not limited to: (1) Written assessments of each patient's nutritional status. (A) A complete initial nutrition assessment shall be performed at the initial visit or within four weeks

thereafter and shall include: anthropometric data, biochemical data, clinical data, and dietary data. (B) A nutrition reassessment using updated information shall be offered to each client at least once every trimester and the individualized care plan revised accordingly. (2) Preparation of the individualized care plan nutritional component that addresses: (A) The prevention and/or resolution of nutrition problems. (B) The support and maintenance of strengths and habits oriented toward optimal nutritional status, and; (C) The goals to be achieved via nutrition interventions. (3) Dispensing, as medically necessary, prenatal vitamin/mineral supplement to each client. (4) Treatment and intervention directed toward helping the patient understand the importance of, and maintain good nutrition during pregnancy and lactation, with referrals as appropriate. (5) Postpartum reassessment, development of a care plan, and interventions.

(1)

Written assessments of each patient's nutritional status. (A) A complete initial nutrition assessment shall be performed at the initial visit or within four weeks thereafter and shall include: anthropometric data, biochemical data, clinical data, and dietary data. (B) A nutrition reassessment using updated information shall be offered to each client at least once every trimester and the individualized care plan revised accordingly.

(A)

A complete initial nutrition assessment shall be performed at the initial visit or within four weeks thereafter and shall include: anthropometric data, biochemical data, clinical data, and dietary data.

(B)

A nutrition reassessment using updated information shall be offered to each client at least once every trimester and the individualized care plan revised accordingly.

(2)

Preparation of the individualized care plan nutritional component that addresses:(A)

The prevention and/or resolution of nutrition problems. (B) The support and maintenance of strengths and habits oriented toward optimal nutritional status, and; (C) The goals to be achieved via nutrition interventions.

(A)

The prevention and/or resolution of nutrition problems.

(B)

The support and maintenance of strengths and habits oriented toward optimal nutritional status, and;

(C)

The goals to be achieved via nutrition interventions.

(3)

Dispensing, as medically necessary, prenatal vitamin/mineral supplement to each client.

(4)

Treatment and intervention directed toward helping the patient understand the importance of, and maintain good nutrition during pregnancy and lactation, with referrals as appropriate.

(5)

Postpartum reassessment, development of a care plan, and interventions.

(d)

Except where a capitated health system contract entered into by the Department provides otherwise, health education services shall include, but are not limited to:

(1) Client orientation including, but not limited to provision of detailed information regarding the services to be provided, what to do in case of an emergency, and;

(2) Written assessments of each patient's health education status.(A) A complete

initial education assessment shall be performed at the initial visit or within four weeks thereafter and shall include an evaluation of: current health practices; past experience with health care delivery systems; prior experience with and knowledge about pregnancy, prenatal care, delivery, postpartum self-care, infant care, and safety; client's expressed learning needs; formal education and reading level; learning methods most effective for the client; educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff; languages spoken and written; mental, emotional, or physical disabilities that affect learning; mobility/residency; religious/cultural influences that impact upon perinatal health; and client and family or support person's motivation to participate in the educational plan. (B) An education reassessment using updated information shall be offered to each client every trimester and the individualized care plan revised accordingly. (3) Preparation of the individualized care plan health education component that addresses: (A) Health education strengths. (B) The prevention and/or resolution of health education problems and/or needs and medical conditions and health promotion/risk reduction behaviors which can be ameliorated and/or resolved through education. (C) The goals to be achieved via health education interventions. (D) Health education interventions based on the patient's identified needs, interests, and capabilities, and particularly directed toward assisting the patient to make appropriate, well-informed decisions about her pregnancy, delivery, and parenting, with referrals, as appropriate. (4) Postpartum assessment, development of care plan, and interventions.

(1)

Client orientation including, but not limited to provision of detailed information regarding the services to be provided, what to do in case of an emergency, and;

(2)

Written assessments of each patient's health education status. (A) A complete initial education assessment shall be performed at the initial visit or within four weeks thereafter and shall include an evaluation of: current health practices; past experience with health care delivery systems; prior experience with and knowledge about pregnancy, prenatal care, delivery, postpartum self-care, infant care, and safety; client's expressed learning needs; formal education and reading level; learning methods most effective for the client; educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff; languages spoken and written; mental, emotional, or physical disabilities that affect learning; mobility/residency; religious/cultural influences that impact upon perinatal health; and client and family or support person's motivation to participate in the educational plan. (B) An education reassessment using updated information shall be offered to each client every trimester and the individualized care plan revised accordingly.

(A)

A complete initial education assessment shall be performed at the initial visit or within four weeks thereafter and shall include an evaluation of: current health practices; past experience with health care delivery systems; prior experience with and knowledge about pregnancy, prenatal care, delivery, postpartum self-care, infant care, and safety; client's expressed learning needs; formal education and reading level; learning methods most effective for the client; educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff; languages spoken and written; mental, emotional, or physical disabilities that affect learning; mobility/residency; religious/cultural influences that impact upon perinatal health; and client and family or support person's motivation to participate in the educational plan.

(B)

An education reassessment using updated information shall be offered to each client every

trimester and the individualized care plan revised accordingly.

(3)

Preparation of the individualized care plan health education component that addresses:

(A) Health education strengths. (B) The prevention and/or resolution of health education problems and/or needs and medical conditions and health promotion/risk reduction behaviors which can be ameliorated and/or resolved through education. (C) The goals to be achieved via health education interventions. (D) Health education interventions based on the patient's identified needs, interests, and capabilities, and particularly directed toward assisting the patient to make appropriate, well-informed decisions about her pregnancy, delivery, and parenting, with referrals, as appropriate.

(A)

Health education strengths.

(B)

The prevention and/or resolution of health education problems and/or needs and medical conditions and health promotion/risk reduction behaviors which can be ameliorated and/or resolved through education.

(C)

The goals to be achieved via health education interventions.

(D)

Health education interventions based on the patient's identified needs, interests, and capabilities, and particularly directed toward assisting the patient to make appropriate, well-informed decisions about her pregnancy, delivery, and parenting, with referrals, as appropriate.

(4)

Postpartum assessment, development of care plan, and interventions.

(e)

Except where a capitated health system contract entered into by the Department provides otherwise, psychosocial services shall include, but are not limited to: (1) Written assessments of each patient's psychosocial status. (A) A complete initial assessment of psychosocial functioning shall be performed at the initial visit or within four weeks thereafter and shall include review of: current status including social support system; personal adjustment to pregnancy; history of previous pregnancies; patient's goals for herself in this pregnancy; general emotional status and history; wanted or unwanted pregnancy, acceptance of the pregnancy; substance use and abuse; housing/household; education/employment; and financial/material resources. (B) A psychosocial reassessment using updated information shall be offered to each client every trimester, and the individualized care plan revised accordingly. (2) Preparation of the individualized care plan psychosocial component that addresses: (A) The prevention and/or resolution of psychosocial problems. (B) The support and maintenance of strengths in psychosocial functioning, and; (C) The goals to be achieved via psychosocial interventions. (3) Treatment and intervention directed toward helping the patient understand and deal effectively with the biological, emotional, and social stresses of pregnancy with referrals, as appropriate. (4) Postpartum reassessment, development of a care plan, and interventions.

(1)

Written assessments of each patient's psychosocial status. (A) A complete initial assessment of psychosocial functioning shall be performed at the initial visit or within four weeks thereafter and shall include review of: current status including social support system; personal adjustment to pregnancy; history of previous pregnancies; patient's goals for herself in this pregnancy; general emotional status and history; wanted or unwanted pregnancy, acceptance of the pregnancy; substance use and abuse;

housing/household; education/employment; and financial/material resources. (B) A psychosocial reassessment using updated information shall be offered to each client every trimester, and the individualized care plan revised accordingly.

(A)

A complete initial assessment of psychosocial functioning shall be performed at the initial visit or within four weeks thereafter and shall include review of: current status including social support system; personal adjustment to pregnancy; history of previous pregnancies; patient's goals for herself in this pregnancy; general emotional status and history; wanted or unwanted pregnancy, acceptance of the pregnancy; substance use and abuse; housing/household; education/employment; and financial/material resources.

(B)

A psychosocial reassessment using updated information shall be offered to each client every trimester, and the individualized care plan revised accordingly.

(2)

Preparation of the individualized care plan psychosocial component that addresses: (A) The prevention and/or resolution of psychosocial problems. (B) The support and maintenance of strengths in psychosocial functioning, and; (C) The goals to be achieved via psychosocial interventions.

(A)

The prevention and/or resolution of psychosocial problems.

(B)

The support and maintenance of strengths in psychosocial functioning, and;

(C)

The goals to be achieved via psychosocial interventions.

(3)

Treatment and intervention directed toward helping the patient understand and deal

effectively with the biological, emotional, and social stresses of pregnancy with referrals, as appropriate.

(4)

Postpartum reassessment, development of a care plan, and interventions.

(f)

Review and revisions of the care plan shall occur during the antenatal, intrapartum, and postpartum periods on a regular basis and will be based on repeated and ongoing assessments and evaluation of the client's status.

(g)

Nutrition, psychosocial, and health education services as defined in Sections 51179.2, 51179.3, and 51179.4 shall be provided by a comprehensive perinatal practitioner as defined under Section 51179.7.

(h)

Each Comprehensive Perinatal Provider shall perform the duties of, or shall have on staff or employ or contract with one or more comprehensive perinatal practitioners as defined in Section 51179.7, to provide interdisciplinary services.

(i)

Each Comprehensive Perinatal Provider shall inform the beneficiary what services will be provided, who will provide these services, where to obtain the services, when the services will be delivered, and procedures to follow in case of emergency.

(j)

The Comprehensive Perinatal Provider shall refer patients, as appropriate, to services not specifically made part of comprehensive perinatal services, as defined in Section 51179. These services shall include, but are not limited to, those provided by the following programs: Women, Infants, and Children Supplemental

Foods, Child Health and Disability Prevention, Family Planning, Genetic Disease, and Dental.

(k)

The Comprehensive Perinatal Provider shall complete and forward to the Department, upon request, a Perinatal Data Form in a format prescribed by the Department for each patient served.