

## Instructions for Completing the CPSP Staff Update Form

**Across the top** Provider name and location, and National Provider Identifier (NPI). The NPI is a unique 10-digit identification number for health care providers that is used nationally by all health plans including Medi-Cal.

Column (a) **Name and Location:** List the last name, first name and middle initial of all staff who are providing CPSP services (obstetrical, health education, psychosocial and nutrition) to patients. If the staff member does not have a middle initial, indicate by NMI. For example, Jane NMI Doe, or Jane A. Doe.  
Do not include the names of staff who perform other services such as translation, billing, clerical and lab functions.

Column (b) **Practitioner Type:** Choose from the drop-down menu

1. Physician (**MD**)
2. Certified Nurse Midwife (**CNM**)
3. Physician Assistant (**PA**)
4. Registered Nurse (**RN**)
5. Licensed Vocational Nurse (**LVN**)
6. Nurse Practitioner (**NP**)
7. Social Worker (**SW**) (This includes BSW's\*, MSW's\* and LCSW's\*)
8. Psychologist (**MFT**)\*
9. Dietitian/Registered (**RD**)\*
10. Health Educator (**HE**) (This includes BAs\*, and MPHs\*)
11. Childbirth Educator (**CCE**)\*\*
12. Comprehensive Perinatal Health Worker (**CPHW**)

If a CPSP practitioner does not fit into any of the first 11 types, you may list them as a CPHW as long as they meet the minimum qualifications:

- 18 years or older,
- high school graduation or GED and
- one year paid experience in perinatal care.

For example, if you have a staff person with a PhD in anthropology without additional education that would qualify to be included in types 1 through 11, list the person as a CPHW. The same would be true of a foreign-trained health professional who is not licensed to practice in California; list the person as a CPHW until s/he can be listed in types 1 through 11.

\*from specific program with one year MCH experience

\*\*from specific certified program

Column (c) **CA License, Certificate, Registration Number:** List license, certificate or registration numbers only if applicable. For example, CPHW's and Health Educators will not need to have a CA license, certificate, or registration number; indicate this by NA (not applicable).

**Institution/University, Degree and Year Graduated:** indicate the name of the educational institution from where the degree was received, the type of degree that qualifies him/her for the practitioner type, and the year.

You do not need to list every educational institution attended. For example, physicians will need only list where they graduated from medical school and the year of graduation, not high school and undergraduate work. A CPHW will need to give the place and dates of high school graduation or GED or other advanced academic training. Add the city and state (and if necessary, the country) of the institution if its name does not reflect its location.

Column (d) **Obstetrics:** Put an X in the column only if the staff person will be providing obstetric, medical care to the CPSP client; this should be MD's, CNM's, NP's and PA's only.

**Back-up:** Put an X in the column of the **physician** who will be providing antepartum, intrapartum, and/or postpartum patient care during the planned or unplanned absence of the attending physician.

**Client Orientation:** Put an X in the column if the staff person will be providing CPSP client orientation; it is suggested that **all** staff members be designated to provide this service.

**Edu (Health Education):** Put an X in the column if the staff person will be providing CPSP health education services; it is suggested that **all** staff members be designated to provide these services.

**Nutrition:** Put an X in the column if the staff person will be providing CPSP nutrition services; it is suggested that **all** staff members be designated to provide these services.

**Psychosocial:** Put an X in the column if the staff person will be providing CPSP psychosocial services; it is suggested that **all** staff members be designated to provide these services.

**Case Coordination:** Put an X in the column only if the staff person will be providing CPSP case coordination; it is suggested that **not all** staff members be designated to provide these services. Case coordination is an essential part of CPSP and is further described in the *CPSP Provider Handbook* pages 3-11 through 3-12.

**Consultation:** Put an X in the column for the **physician(s)** who will provide consulting services. **Consultant physicians** are those from whom consultation is sought for patients with high risk obstetrical problems.

Column (e) **Years of Experience:** Indicate the years of qualifying experience for each practitioner. The definition differs slightly by provider type:

- For MD, CNM, RN, NP, PA, SW, MFT, HE, LVN, indicate the years of full time paid experience in maternal and child health.
- For CE and CPHW, indicate the years of full time paid experience in perinatal care.
- For RD/RDE, indicate the years of full time paid experience in perinatal nutrition.

Make a copy of the staff update for your files and send the original with the completed and signed "Request for Approval of Changes to Previously Approved Application".