



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Pregnancy and Maternity Care				POLICY #: 3.24-P	
DEPARTMENT: Utilization Management					
Effective Date: 11/2008	Review/Revised Date: 11/10/2022	DMHC	X	PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Emily Duran
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

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 Chief Health Services Officer

Date _____

 Director of Claims

Date _____

 Director of Utilization Management

Date _____

POLICY:

Kern Health Systems (KHS) will encourage optimum maternity care as appropriate for all pregnant members. Maternity care will include: antenatal care; delivery; postpartum care; education; high risk interventions; and genetic counseling, screening, and referral. All pregnancy providers shall utilize a multi-disciplinary approach to perinatal care. This approach establishes a framework for cooperative efforts to reduce perinatal morbidity and mortality. This coordinated system emphasizes professional expertise, consultation, communication and education for the effective use of resources based on local and individualized needs. All pregnant KHS members will receive case coordination of Obstetric and Comprehensive Perinatal Services to the degree warranted by the State Department of Health Care Services (DHCS) combined standardized risk assessment tools.

Maternity care will be performed by qualified network practitioners/providers (referred to as "pregnancy practitioners" in the remainder of this document). If the KHS network does not include a Certified Nurse Midwife (CNM), Licensed Midwife (LM), or Certified Nurse Practitioner (CNP), Medi-Cal members may receive maternity care from non-contracted LM's, CNP's or CNMs.² In order to maintain high quality care for pregnant women, KHS will authorize antenatal care only when it is provided by a licensed practitioner who has had special training in this area. This may include Obstetricians, Family Practitioners, and nurse mid-wives or nurse practitioners. Other practitioners who wish to perform antenatal services will need to provide documentation of adequate training and experience. Pregnancy practitioners are exempt from the requirement of certification as Medi-Cal Comprehensive Perinatal Services Providers (CPSP); nevertheless, they are required to follow specified CPSP Guidelines as defined in this policy.³

KHS will maintain and communicate maternity care protocols to pregnancy practitioners. Maternity care will be provided in accordance with the following adopted guidelines:
The most current standards or guidelines of the American College of Obstetricians and Gynecologists (ACOG)⁴

The presence of risk factors in individual patients will affect the type and quantity of maternity services that may be appropriate. Certain members may require additional services or core services at more frequent intervals.

Maternity care will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- California Code of Regulations Title 22 §§51345; 51348; 51348.1; 51179; and 51179⁵ (CPSP Guidelines)
- DHCS Contract Sections Attachment A-5 (2)(F); Attachment A-9; and Attachment A-10 6
- MMCD Policy Letter 96-01: Obstetrical Care
- Newborns' and Mothers' Health Act of 1997 (NMHA)
- American Rescue Plan Act (ARPA) Postpartum Extension 2022

DEFINITIONS:

Antenatal Care	Care of patients during pregnancy prior to delivery.
Post-Partum Care	Care of patients from the date of delivery until one year from that date.
Genetic Counseling	A communication process that deals with the occurrence, or the risk of occurrence, of a genetic disorder in the family. The key elements are diagnosis, communication, and options.
Individualized Care Plan (ICP)	Document that assists in the planning, coordination, and documentation of perinatal services. The ICP includes health education, psychosocial, and nutritional components as well as identification and documentation of risk conditions, problems, interventions, and outcome information. The ICP also clearly identifies parties responsible for carrying out proposed interventions.
Free Standing Birth Center (FBC)	The term “free standing birth center” as a health facility – (i)that is not a hospital; (ii)where childbirth is planned to occur away from the pregnant woman’s residence; (iii)that is licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan; and (iv) that complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the state shall establish.

PROCEDURES:

1.0 ACCESS

Pregnancy testing does not need prior authorization and may be performed by participating or non-participating practitioners/providers.

Members are not required to obtain a referral from their Primary Care Practitioner (PCP) or prior approval from KHS before receiving maternity care from a pregnancy practitioner.⁶ non-emergent specialty care procedures require prior authorization according to *KHS Policy and Procedure #3.22-Referral and Authorization Process*.

Pregnancy services qualify as minor consent services. Minors do not need parental consent to access these services. See *KHS Policy and Procedure 2.17 – Access-Treatment of a Minor* for additional information.⁷

1.1 Appointments and Appointment Follow-Up⁸

An initial obstetrical visit should be offered within two weeks of the request for an appointment, if requested by the member. The member may request an appointment outside of the two-week period but should be as near as possible to six weeks after the last menstrual period.⁹

Pregnancy practitioners are responsible to take steps to ensure that patients under their care receive appropriate services. Pregnancy practitioners must contact immediately by phone those patients who fail to keep a scheduled appointment. A lack of response by the patient or inability to contact the patient should be followed by a letter within one week of the missed appointment. All attempts must be documented in the member’s medical record.

2.0 COVERED SERVICES

The expected number of maternity visits is calculated in accordance with recommended frequency guidelines. This calculation takes into account the date of eligibility, date of initial visit, and estimated confinement date. A woman with active medical or obstetric problems should be seen more frequently at medically appropriate intervals, as determined by the nature and severity of the problems.

Although KHS does not require prior authorization for maternity visits, the expected number of visits is authorized and noted in the KHS information system for claims payment purposes. Generally, a woman with an uncomplicated pregnancy is examined every 4 weeks for the first 28 weeks of pregnancy, every 2 or 3 weeks until 36 weeks of gestation, and weekly thereafter according to the following guidelines:

Week 1-4	Initial Visit
Week 5-8	Antepartum visit 1
Week 9-12	Antepartum visit 2
Week 13-16	Antepartum visit 3
Week 17-20	Antepartum visit 4
Week 21-24	Antepartum visit 5
Week 25-28	Antepartum visit 6
Week 29-30	Antepartum visit 7
Week 31-32	Antepartum visit 8
Week 33-34	Antepartum visit 9
Week 35-36	Antepartum visit 10
Week 37	Antepartum visit 11
Week 38	Antepartum visit 12
Week 39	Antepartum visit 13
Week 40	Antepartum visit 14
48-96 hours postpartum	Required by law for early discharge patients
1-2 weeks post op C-section	Routine postoperative care
3-8 weeks postpartum	Standard Postpartum Visit
Until 1 year after delivery date	Postpartum Extension

The post hospital visit for early discharge should not be billed and shall not be separately reimbursed as it is intended to include services that would have been provided if the patient had not left the hospital early. The visit 1-2 weeks post C-section shall not be separately reimbursed as that is routine postoperative care expected to be provided in the reimbursement provided for the delivery.

The pregnancy practitioner is required to manage the frequency of antenatal care visits in accordance with the patient's individual needs and risk factors. It is expected that the level of care for members remain consistent with professional standards. Visits that exceed the expected number are reviewed and processed based on medical necessity.

2.1 Pregnancy Testing

Blood pregnancy tests are reimbursed based on medical necessity. KHS does not reimburse participating pregnancy providers for routine blood pregnancy test. Urine pregnancy tests should be performed for routine screening.

2.2 Antenatal Care

Practitioners must notify UM of initiation of care within 5 working days of the initial visit. Notification must include:

- A. Estimated date of confinement (EDC)
- B. Last menstrual period (LMP)
- C. Gravida/Para
- D. Pregnancy Practitioner
- E. Mode of Delivery
- F. Delivery Hospital
- G. High Risk conditions

The following table outlines required antenatal services. These services must be documented in the medical record.

Service	Details	Required Referrals
Antibody Screen		
Blood Test	ABO blood group and RH type	
Breastfeeding Education and Counseling	Breast feeding education and counseling are available through prenatal classes, CPSP providers and prenatal packets mailed to pregnant members	
Cervical Cytology		
Comprehensive Health History	Must include a screening for genetic disorders	
Cystic Fibrosis Screening	All pregnant members should be offered cystic fibrosis testing and counseling. Refusal to accept testing must be documented in the member's medical record.	
Gestational Diabetes Screen	Identified either through medical history, initial combined assessment, or routine glucose testing (50 grams glucola) at 24-28 weeks	All pregnant members identified as having a history of diabetes or current gestational diabetes must be either referred to the KMC OB High Risk clinic, referred for support services through the UM referral process, or referred to WIC for follow up support services.

Service	Details	Required Referrals
Hemoglobin/ hematocrit		
HIV Testing and Counseling	All pregnant members must be offered HIV testing and counseling. ¹⁰ Refusal to accept testing must be documented in the member's medical record.	
Physical Examination	Complete	
Rubella Antibody Titer		
Syphilis Screen		
Urinalysis	Must include microscopic examination or culture	

Any provider who delivers antenatal care must provide notice to UM concerning individuals involved in the delivery and responsible for managing complications of pregnancy, such as miscarriage, pre-term labor, fetal complications, pre-eclampsia, etc.

2.3 Delivery

The pregnancy practitioner must inform the member of the general plan for hospital admission, labor, delivery, and postpartum care.¹¹ He/she should direct women with high-risk pregnancies to the Kern Medical Center advanced obstetrics and neonatal care unit.

After delivery, a pregnancy practitioner may wait up to 48 hours after vaginal delivery or 96 hours after C-Section delivery to discharge the member. With member consent, a pregnancy practitioner may choose to discharge the member from the hospital prior to the 48/96 hour minimum and request a post-discharge visit during that 48/96 hour period. The post-discharge visit may be in the mother's home or the treating practitioner's office.¹² The visit must include, at a minimum, parent education, assistance, training in breast feeding or bottle feeding, and the performance of any necessary maternal or neonatal physical assessment.

No prior authorization is required, but the post-discharge visit must be provided by a participating practitioner/provider. For notification purposes, the practitioner/provider should submit a *Referral Authorization Form* within the next business day. (Included as attachment to *KHS Policy and Procedure #3.22 - Referral Process*). The notification must include:

- A. Pertinent member demographic
- B. Date of hospital discharge
- C. Date of skilled nursing visit
- D. Referral physician's orders

The referral is automatically approved and processed by the KHS Case Manager. The

approved authorization form is faxed/returned to the referring provider.

2.4 Postpartum Care

The initial postpartum care visit should generally be accomplished on or between 21 and 56 days after delivery. An additional postpartum visit should be accomplished within two weeks after a Cesarean Section delivery. These intervals may be modified if warranted by the needs of the member. The routine postpartum review should include the following services:

- A. Interval history and physical examination, including pelvic examination
- B. Laboratory data as indicated
- C. Family planning counseling
- D. Nutritional, health education, and psychosocial reassessments.

Postpartum visits should be clearly documented as such in the member's medical record. Additional postpartum visits as needed will be approved through to one year post delivery date.

Kern Health Systems (KHS) covers up to 20 individual and/or group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression when sessions are delivered during the prenatal period and/or during the 12 months following childbirth. *Please refer to policy # 3.14 Mental Health Services for benefit details resulting from Department of Health Care Services All Plan Letter 22-006.*

2.5 Assessments¹³

Assessments of risk factors must be offered in each trimester and postpartum and must include review of obstetrical, nutrition, health education and psychosocial interventions.

	Psychosocial¹⁴	Nutrition¹⁵	Health Education¹⁶
Complete initial assessment	Included in combined initial assessment form	Included in combined initial assessment form	Included in combined initial assessment form
Trimester reassessment by 20 weeks gestation	√	√	√
Trimester reassessment by 28 weeks gestation	√	√	√
Postpartum assessment, care plan, and interventions	Included in combined postpartum assessment form	Included in combined postpartum assessment form	Included in combined postpartum assessment form

	Psychosocial¹⁴	Nutrition¹⁵	Health Education¹⁶
Additional services	Treatment, intervention, and referral services with Plan assistance or coordination via the Health Educator.	Prescribing of prenatal vitamins and mineral supplements. Treatment, intervention, and referral services including referral to the local WIC Program or specialized nutritional services through the KHS Health Educator. ¹⁷	Interventions based on identified needs, interests, and capabilities; particularly directed towards assisting the member to make appropriate, well informed decisions about her pregnancy, delivery, and parenting. Referrals via the KHS Health Educator.

Reassessments are not required in the trimester of entry into care.

2.6 High Risk Intervention¹⁸

Members presenting with high risk factors must receive specific interventions targeted to that risk. Practitioners must determine the appropriate level of intervention and ensure that it is available to the member by providing service on-site, through referral, or by requesting assistance from the Plan. UM should be notified of all high risk cases and will assist with the education of the high risk condition.

UM is responsible for case management of high-risk members. The Nurse Case Manager coordinates care between pregnancy practitioners, the KHS Health Educator, and when indicated, the appropriate linked community resource. Pregnancy practitioners should refer high risk members to UM via *Referral/Prior Authorization Forms*. (See Attachment D).

2.7 Genetic Screening, Counseling, and Referral

Pregnant members are provided genetic screening, counseling, and referral as needed.¹⁹ Pregnancy practitioners must screen for the potential need for these services in accordance with ACOG standards. He/she should submit a referral to UM if he/she determines that there is need for medical geneticist assessment and counseling. (See *KHS Policy and Procedure #3.22 – Referral and Authorization Process* for details).

Counseling should be provided upon diagnosis of a genetic disorder. The counselor should communicate to the family a range of available options. The counselor's function is not to dictate a particular course of action, but to provide information that will allow couples to make an informed decision.

2.7.1 Alpha Fetoprotein (AFP) Testing Program²⁰

The AFP Program screens for neural tube and other birth defects. The Genetic Disease Branch develops standards for AFP testing sites and approves Prenatal Diagnostic Centers. The approved centers provide genetic counseling and testing including ultrasonography and amniocentesis.

Pregnancy practitioners are required to discuss and offer AFP Screening to all pregnant women in their care who are seen by the 20th completed week (140 days) of pregnancy counting from the first day of the last normal menstrual period. All KHS pregnant members should be offered the AFP test between 15-20 weeks gestational age. Pregnancy practitioners are encouraged to offer screening tests at the first prenatal visit. If the woman declines, she should sign the waiver form provided by the State. (See Attachment B).

Current standards of practice require that all women who meet one of the following conditions be offered amniocentesis at an approved genetic center:

- A. Thirty-five (35) years or older at time of estimated date of confinement (EDC)
- B. Previously had chromosomally abnormal fetus
- C. Known carrier of a recessive metabolic disorder detectable in utero

Amniocentesis requires prior authorization.

2.7.2 Other Genetic Abnormalities

California law requires that all newborns, prior to discharge from the hospital, be screened for phenylketonuria (PKU), sickle cell anemia, galactosemia, related hemoglobinopathies, and primary congenital hypothyroidism. All pregnancy practitioners must distribute the pamphlet *Newborn Screening Test* to pregnant members prior to their estimated date of delivery.²¹ (See Attachment C).

2.7.2.1 PKU

Confirmed positive PKU is a CCS eligible condition and all treatment, which includes formula and special food products, pertaining to the metabolic disease is covered under CCS. KHS and CCS collaborate to assure that any KHS newborns with a positive PKU diagnosis are entered into treatment within the first few weeks of life. KHS ensures that members diagnosed with PKU have access to available and accessible practitioners/provider organizations qualified to treat the condition.²²

3.0 INDIVIDUALIZED CARE PLAN (ICP²³)

The ICP is an easily reviewed, condensed summary of the maternity services planned and provided to a KHS member during her pregnancy. Member problems, needs, and risk conditions in the following four areas, as well as the interventions planned for each problem/need/risk should be included in the ICP:

- A. Obstetrical
- B. Nutrition
- C. Psychosocial
- D. Health Education

The pregnancy practitioner is responsible for ensuring that an ICP is initiated upon the entry into care. The ICP should be developed in consultation with the KHS member after the initial combined assessment has been conducted. In addition to the pregnancy practitioner, health practitioners who provided the services documented on the ICP (e.g., nurse, physician,

nutritionist, social worker, health educator, comprehensive perinatal health worker, or physician assistant who saw the patient and made the assessment, performed the treatments, or recommended the interventions) may complete the ICP form. Practitioners must date and initial their assessments, recommendations and interventions.

The ICP should be updated and reviewed, at least at each trimester, postpartum, and as necessary.

A copy of the ICP must be maintained in the member's medical record. The ICP should be available upon request from UM or the KHS Health Education Department.

Pregnancy practitioners who are currently Comprehensive Perinatal Services Program (CPSP) approved, may use their current CPSP approved ICP form. Pregnancy practitioners who are not CPSP approved may contact the (KCDPH) CPSP Coordinator or the Department of Health Care Services (DHCS), Maternal, Child, and Adolescent Health Department (MCAH), for a camera-ready copy of the State approved *Comprehensive Perinatal Services Program – Initial Combined Assessment* form. (See Attachment A).

4.0 COORDINATION OF MATERNAL CARE

Every component of the multi-disciplinary system should promote and provide personal attention to the member, and the original practitioner-member relationship should resume when referral or consultative care is no longer necessary.

Pregnancy practitioners should initiate appropriate referrals when a special need is identified requiring multi-disciplinary management. KHS facilitates the multi-disciplinary case management process with timely processing of the referrals for specialty care, education, or counseling, as needed and authorized. See *KHS Policy and Procedure #3.22 - Referral and Authorization Process* for details.

Pregnancy practitioners must ensure that health education, nutrition and psychosocial assessment, reassessments, and interventions are administered by fully qualified personnel. Components of case coordination include the following:

- A. Assessments (obstetrical, nutrition, health education and psychosocial)
- B. Written individualized care plan based on all assessments which shall be maintained in patient's medical record
- C. Appropriate interventions/treatments provided according to the care plan
- D. Continuous assessments of patient's status and progress relative to care plan interventions with appropriate revision of the care plan
- E. Case conferences or other appropriate communication involving all team members regarding each patient's care
- F. Comprehensive record system where all information relating to patient care is documented and is available to all team members
- G. Record-sharing system to exchange information among providers and the Plan, especially referrals, consultations, and pregnancy outcomes

KHS and MCAH share a common interest in insuring that maternal and child health services are available to KHS Plan members. KHS and MCAH have the common goal of achievement of the provision of optimal perinatal care for members. To coordinate perinatal care between

KHS and MCAH, a Memorandum of Understanding (MOU) with KCDPH has been established to improve members' obstetrical needs.²⁴

5.0 Medical Necessity for Non-Specialty Mental Health Services (NSMHS)

In accordance with W&I Code sections 14059.5 and 14184.402, for individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the EPSDT standard set forth in Section 1396d(r)(5) of Title 42 of the USC.

The federal EPSDT mandate requires states to furnish all appropriate and medically necessary services that could be covered under a Medicaid State Plan (as described in 42 USC Section 1396d(a)) as needed to correct or ameliorate health conditions, including behavioral health conditions, discovered by a screening service, regardless of whether those services are covered in the state's Medicaid State Plan.

Consistent with federal guidance from CMS, behavioral health services, including NSMHS, need not be curative or completely restorative to ameliorate a behavioral health condition. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered to ameliorate the condition and are thus medically necessary and are covered as EPSDT services.

In accordance with W&I Code sections 14059.5 and 14184.402, for individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

KHS Responsibility for NSMHS

KHS must provide or arrange for the provision of the following NSMHS:

1. Mental health evaluation and treatment, including individual, group and family psychotherapy.
2. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
3. Outpatient services for the purposes of monitoring drug therapy.
4. Psychiatric consultation.
5. Outpatient laboratory, drugs, supplies, and supplements.

KHS must provide or arrange for the provision of NSMHS for the following populations:

- Members who are 21 years of age and older with mild-to-moderate distress, or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders.
- Members who are under the age of 21, to the extent they are eligible for services through the EPSDT benefit, regardless of the level of distress or impairment, or the presence of a diagnosis; and,
- Members of any age with potential mental health disorders not yet diagnosed.

In addition to the above requirements, KHS must provide psychotherapy to members under the age of 21 with specified risk factors or with persistent mental health symptoms in the absence of a mental health disorder. KHS is also required to cover up to 20 **individual and/or**

group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression when sessions are delivered during the prenatal period and/or during the 12 months following childbirth. Details regarding NSMHS psychiatric and psychological services, including psychotherapy coverage, Current Procedural Terminology (CPT) codes that are covered, and information regarding eligible provider types can be found in the Medical Provider Manual, Non-Specialty Mental Health Services: Psychiatric and Psychological Services.

Laboratory testing may include tests to determine a baseline assessment before prescribing psychiatric medications or to monitor side effects from psychiatric medications. Supplies may include laboratory supplies.

Consistent with state law, clinically appropriate and covered NSMHS are covered by KHSs even when:

- 1) Services are provided prior to determination of a diagnosis, during the assessment period, or prior to a determination of whether NSMHS or SMHS access criteria are met;
- 2) Services are not included in an individual treatment plan;
- 3) The member has a co-occurring mental health condition and substance use disorder (SUD); or
- 4) NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

At any time, members can choose to seek and obtain a mental health assessment from a licensed mental health provider within KHS's provider network. KHS is obligated to ensure that a mental health screening of members is conducted by network Primary Care Providers (PCP). Members with positive screening results may be further assessed either by the PCP or by referral to a network mental health provider. The member may then be treated by the PCP within the PCP's scope of practice. When the condition is beyond the PCP's scope of practice, the PCP must refer the member to a mental health provider, first attempting to refer within the KHS network.

KHS must cover outpatient laboratory testing, supplies, and supplements prescribed by mental health providers in KHS's network and PCPs, including physician administered drugs administered by a health care professional in a clinic, physician's office, or outpatient setting through the medical benefit, to assess and treat mental health conditions. KHS may require that NSMHS for adults are provided through KHS's provider network, subject to a medical necessity determination. 16 KHSs must cover outpatient laboratory tests, drugs,

Consistent with APL 21-006 or subsequent guidance, KHS must ensure that its network is adequate to provide the full range of covered NSMHS to its members.

KHS must also cover and pay for emergency room professional services as described in Section 53855 of Title 22 of the California Code of Regulations (CCR). This includes all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services medically necessary to stabilize the member. Emergency services include facility and professional services and

facility charges claimed by emergency departments.

6.0 Responsibility for Alcohol and Substance Use Disorder (SUD) Screening, Referral, and Services

KHS must provide covered SUD services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for members ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening in accordance with American Academy of Pediatrics Bright Futures for Children recommendations and United States Preventive Services Taskforce grade A and B recommendations for adults as outlined in APL 21-014, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment. Further, KHS must provide or arrange for the provision of:

- Medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings.
- Emergency services necessary to stabilize the member.

7.0 Care Management and Care Coordination of Mental Health in Pregnancy

KHS continues to be required to provide medical case management and cover and pay for all medically necessary Medi-Cal-covered physical health care services for a member receiving SMHS. KHS must coordinate care with the MHP. KHS is responsible for the appropriate management of a member's mental and physical health care, which includes, but is not limited to, medication reconciliation and the coordination of all medically necessary, contractually required Medi-Cal-covered services, including mental health services, both within and outside the KHS's provider network.

8.0 Mental Health Parity

Subpart K of Part 438 of Title 42 of the Code of Federal Regulations (CFR) provides that treatment limitations for mental health benefits may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. This precludes any restrictions to a member's access to an initial mental health assessment. Therefore, KHS must not require prior authorization for an initial mental health assessment.

DHCS recognizes that while many PCPs provide initial behavioral health assessments but not all do. If a member's PCP cannot perform the mental health assessment, they must refer the member to the appropriate provider and ensure that the referral to the appropriate delivery system for mental health services, either in KHS's provider network or the county mental health plan's network, is made in accordance with the No Wrong Door policies set forth in W&I Code section 14184.402(h) and APL 22-005.

KHS must ensure direct access to an initial mental health assessment by a licensed mental health provider within KHS's provider network. KHS must not require a referral from a PCP or prior authorization for an initial mental health assessment performed by a mental health network provider. KHS must notify members of this policy, and KHS's member informing materials must clearly state that referral and prior authorization are not required for a member to seek an initial mental health assessment from a network mental health provider. KHS is required to cover the cost of an initial mental health assessment completed by an out-of-

network provider only if there are no in-network providers that can complete the necessary service within the applicable timely and geographical access requirements set forth in APL 19-002 or subsequent guidance.

If further services are needed that require authorization, KHS is required to follow guidance developed for mental health parity, as set out below.

KHS's policies and procedures (P&P) must ensure that authorization determinations are based on the requested medically necessary health care service in a manner that is consistent with current evidence-based clinical practice guidelines. Such utilization management P&Ps may also take into consideration the following:

- Service type.
- Appropriate service usage.
- Cost and effectiveness of service and service alternatives.
- Contraindications to service and service alternatives.
- Potential fraud, waste, and abuse.
- Patient and medical safety.
- Providers' adherence to quality and access standards.
- Other clinically relevant factors.

The P&Ps must be consistently applied to medical/surgical, mental health, and SUD benefits. KHS must notify network providers of all services that require prior authorization, concurrent authorization or retrospective authorization and ensure that all network providers are aware of the procedures and timeframes necessary to obtain authorization for these services.

The disclosure requirements for KHS includes making utilization management criteria for medical necessity determinations for mental health and SUD benefits available to members, eligible beneficiaries, and network providers upon request in accordance with Title 42, CFR, Section 438.915(a). KHS must also provide to members the reason for any denial or partial denial for reimbursement or payment of services or any other adverse benefit determination for mental health or SUD in accordance with Title 42, CFR, Section 438.915(b). In addition, all services must be provided in a culturally and linguistically appropriate manner.

9.0 REIMBURSEMENT

Pregnancy practitioners receive negotiated contract rates when claims are submitted in compliance with the guidelines outlined in this policy and *KHS Policy and Procedure #6.01 - Claims Submission/Reimbursement*. Practitioners may file a dispute regarding reimbursement decisions through the KHS dispute process as outlined in *KHS Policy and Procedure #6.04 - Practitioner/Provider Disputes Regarding Claims Payment*.

9.1 Non-Contracted Certified Nurse Midwives²⁵

KHS must inform Medi-Cal beneficiaries that they have a right to obtain out-of-plan CNM or LM services. In accordance with federal and state network adequacy requirements, KHS must include a minimum of one CNM and one LM in its provider network, to the extent that CNMs and LMs are available in KHS's contracted service area. .If there is no Certified Nurse Midwife (CNM), Licensed Midwife (LM), or Certified Nurse Practitioner (CNP) in the KHS provider network, KHS shall reimburse

non-contracting CNMs or LMs for services provided to Medi-Cal Members at no less than the applicable Medi-Cal Fee-For-Service (FFS) rates. KHS will provide coverage for freestanding birth center facility services and services rendered by certain professionals providing services in a freestanding birth center. KHS will contract directly with providers in their networks for these services. If that is not a possibility, KHS will arrange to provide such services through out-of-network providers, per contractual and regulatory requirements. For birthing centers, KHS will reimburse no less than the applicable Medi-Cal FFS rate. Hospitals shall be reimbursed as outlined in *KHS Policy and Procedure #3.31- Emergency Services*.

9.1.1 Network Expansion

KHS must document efforts to include each of the above provider types in their provider networks. KHS is not required to contract with an FBC, a CNM, or an LM if any of the following circumstances apply:

- 1) The provider is unwilling to accept the higher of the KHS’s contract rates or the Medi-Cal FFS rates.
- 2) The provider does not meet KHS’s applicable professional standards or has disqualifying quality of care issues (i.e., KHS has documented concerns with the provider’s quality of care).

At a minimum, KHS must ensure that staff assisting members through telephone inquiries inform members of their right to obtain services from out-of-network FBCs, CNMs, and LMs when access to these provider types is not available in-network. If DHCS identifies deficiencies in an KHS’s network, DHCS may require KHS to submit documentation of its ability to provide members with information about out of network access.

10.0 PROVIDER QUALIFICATIONS

Apart from pregnancy testing and allowed non-contracted CNM services, maternity care may only be provided by network practitioners credentialed specifically as pregnancy practitioners. Practitioners must meet the standards outlined in the table below to be considered for pregnancy practitioner credentialing.

Practitioner Type	Minimum Requirements
Physician	<ul style="list-style-type: none"> • Documented training in either Obstetrics through a certified Obstetrical Residency Program or Family Practice through a certified Family Practice Residency Program <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Documented post-graduate training and experience comparable with that received in a family practice residency (a minimum of three months with direct supervision); and will be sponsored by an Obstetrician or Family Practice physician.
Mid-level (Registered Nurse Practitioner,	<ul style="list-style-type: none"> • Documented training in antepartum care • Will be supervised by a Physician who meets the

Physician Assistant, or Nurse Midwife)	requirements to provide antenatal care
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Pregnancy practitioners must demonstrate that their malpractice insurance carrier is aware that they are providing such service.

KHS uses Title 22, CCR, Section 51179.6, for guidelines in assessing pregnancy practitioners and ancillary practitioners for prenatal services. Comprehensive perinatal practitioners may include any of the following:

- A. General practice physician
- B. Family practice physician
- C. Pediatrician
- D. Obstetrician-gynecologist
- E. Certified Nurse Midwife
- F. Registered nurse
- G. Nurse practitioner
- H. Physician's assistant
- I. Social worker
- J. Health educator
- K. Childbirth educator
- L. Registered Dietician
- M. Comprehensive Perinatal Health Worker (CPHW) (Medical Assistant or Aide with at least one year's perinatal experience)

Ancillary services/staff who may provide services within specific components of CPSP include the following:

- A. Geneticists
- B. Other medical specialists
- C. Public health services
- D. Family planning services
- E. Substance abuse prevention services
- F. Community based organization
- G. Community outreach services
- H. Agencies providing transportation
- I. Domestic Violence units
- J. Child protective Services
- K. Sweet Success
- L. WIC
- M. CHDP
- N. Translation services
- O. Respite care services

If a KHS contracted hospital is unable to provide the full range of perinatal and neonatal services, it must have formalized arrangements for consultation and transfer of high-risk mothers or neonates to Kern Medical Center (KMC). The purpose of such an arrangement is to promote comprehensive, continuous, safe, quality perinatal care for the KHS plan member from the antepartum through the intrapartum and the postpartum period. Transfers for members with identified needs should be arranged by treating pregnancy practitioners.

All assessments should be completed by an OB practitioner or staff member who meets the minimum requirements for ancillary staff.²⁶.

11.0 PROVIDER RESOURCES

11.1 Training

KHS helps to develop training and evaluation, in coordination with MCAH on the standards and requirements of providing comprehensive perinatal services.²⁷ Pregnancy practitioners who wish to send their staff to CPHW training for certification of training completion, should contact either MCAH at (661) 868-0523 or the Plan's Health Educator.

Pregnancy practitioners who are unfamiliar with the protocols related to the development of an ICP may contact the local MCAH Program's CPSP Coordinator or the KHS Member Health Education Department for technical assistance.

The KHS Health Education Department, Chief Medical Officer, and Administrative Director of Health Services may also assist with perinatal related practitioner training and education either through site technical assistance, updates on local or State training, Newsletters or mailings.

11.2 Materials and Supplies

Pregnancy practitioners can obtain a copy of ACOG standards (seventh edition) and current CPSP regulations (Title 22) either by contacting the State DHCS, Maternal and Child Health Section or contacting the local MCAH Program for assistance at (661) 868-0523.

Pregnancy practitioners may purchase the Hollister Maternal/Newborn Medical Record System by calling Hollister's toll-free telephone number (1-800-323-4060) or contacting the area representative at 1-800-624-5369, ext. 1091. The approximate cost is \$120 for 50 pregnancies or \$2.50 per patient record.

12.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENTS:

- Attachment A: *Comprehensive Perinatal Services Program – Initial Combined Assessment*
- Attachment B: *Waiver form*
- Attachment C: *Newborn Screening Test*
- Attachment D: *Referral/Prior Authorization Form*

REFERENCE:

Revision 2022-11: Policy section numbers and embedded attachments updated by the Health Services Manager. DMHC approval received on 1/9/2023. **Revision 2022-05, 06:** APL 22-006 reviewed and revised by Director of Utilization Management and CHSO, DHSC approved revisions on 7/29/2022. **2022-02:** American Rescue Plan Act (ARPA) Postpartum Extension review by Director of Utilization Management. DHCS approved ARPA Requirements 3/9/2022, DMHC approved ARPA revisions on 7/5/2022. **Revision 2019-01:** APL 18-022 review by Senior Director of Health Services. **Revision 2017-08:** APL 16-017 DHCS requirement by Administrative Director of Health Services. **Revision 2015-07:** Policy revised to comply with All Plan letter 15-017. Revisions made by Administrative Director of Health Services. **Revision 2014-06:** OB guidelines updated by Claims Department. New Global billing requirements included. **Revision 2008-10:** Routine review, revisions by Medical Director. **Revision 2005-08:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-11:** Created per DHS request to combine various pregnancy and maternity care policies. This new policy 3.24 replaces the following policies: 2.07 - Multi Disciplinary Management of Pregnancy and Postpartum Conditions; 2.08 - Delivery of Multi-Disciplinary Services; 2.13 - Obstetric Medical Record; 3.24 - Antepartum and Postpartum Care and Genetic Screening; 3.36 - Postpartum Home Health Visits Newborns' and Mothers' Health Act of 1997; 3.55 - Perinatal Improvement Program; 4.07 - Perinatal Provider Credentialing Standards; 4.24 - Antenatal Care; and 6.23 - Obstetric Billing Guidelines. Original version sent to DHS was revised per comment letter 05/13/02.

² DHS Contract Section A-9 7

³ DHS Contract §6.7.6.7; CCR Title 22 §51249

⁴ DHS Contract Section A-10 6(A)

⁵ CCR Title 22 §51348; 51348.1; 51179; 51179.6

⁶ Health and Safety Code §1367.695; DHS Contract Section A-5 2(F)

⁷ DHS Contract Section A-9 8(D)

⁸ DHS Contract Section A-9 3(A)

⁹ DHS Contract Section A-9 3(B)

¹⁰ SB 889-Leslie

¹¹ ACOG standards and Health Care Management Guidelines by Milliman and Robertson, Inc.

¹² Newborns' and Mothers' Health Act of 1997 (NMHA)

¹³ DHS Contract Section A-10 6(B)

¹⁴ CPSP Regulations 51348(e)(1-4)

¹⁵ CPSP Regulations 51348(c)(1-5)

¹⁶ CPSP Regulations 51348(d)

¹⁷ DHS Contract Section A-11 16

¹⁸ DHS Contract Section A-10 6

¹⁹ DHS Contract Section A-10 6

²⁰ CCR Title 17 §6521-6531. Reviewed against DHS Letter (07/01/05). No revisions necessary.

²¹ CCR Title 17 §6504

²² Language requested by DMHC in comment to 1999 Legislation filing

²³ CCR Title 22 §51179.8; 51348

²⁴ DHS Contract §6.7.8.1

²⁵ DHS Contract Section A-8 8

²⁶ CCR Title 22 §51179.6

²⁷ CCR Title 22 §51179.6

COMPREHENSIVE PERINATAL SERVICES PROGRAM Assessment Risk/Strength Summary

Instructions for Use

The Assessment Risk/Strength Summary is designed to be used as a summary of risk/strengths identified on a completed State Initial Combined Assessment (DHS 4455). The form may be completed by any qualified Comprehensive Perinatal Services Program (CPSP) practitioner, as defined in Title 22, Section 51179. The use of this summary sheet is optional.

Purpose

The Assessment Risk/Strength Summary sheet provides a quick visual summary of the risks and strengths of a CPSP client, as identified at the completion of the initial assessment. It is **not** a substitute for the Individual Care Plan. The summary has several potential uses, for example:

- Together, the client and practitioner can review risks and strengths, identify priorities, and develop an Individual Care Plan;
- The form, with prior approval, could be used as documentation for a managed care plan of a client's risk and need for interventions;
- Used as a data summary sheet, with information compiled, analyzed, and tracked over time to give a picture of the needs of the clients for a particular practice site.

Procedures/Documentation

The Assessment Risk/Strength Summary sheet is approved to be completed by any qualified CPSP practitioner.

1. Inform the client of the purpose for completing the summary (this may vary by practice setting).
2. Review each section of the Initial Combined Assessment (DHS 4455) and complete the applicable information in the corresponding section of the summary document.
3. For each section, identify client strengths and document them on the form.
4. Most sections have space to identify other risks that are not already listed on the form; document as necessary.
5. Store document as specified for the practice site.

ASSESSMENT RISK/STRENGTH SUMMARY

(To be used in conjunction with DHS 4455, Initial Combined Assessment)

<p>Personal Information</p> <p>Age: <input type="checkbox"/> <12 yr. <input type="checkbox"/> 12–17 yr. <input type="checkbox"/> 35+ yr.</p> <p>Resident: <input type="checkbox"/> <1 yr.</p> <p><input type="checkbox"/> Children living out of home</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>	<p>Economic Resources</p> <p><input type="checkbox"/> No financial support from FOB</p> <p><input type="checkbox"/> Insufficient food supplies</p> <p><input type="checkbox"/> Needs WIC referral</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>	<p>Housing</p> <p><input type="checkbox"/> Transient housing</p> <p><input type="checkbox"/> Substandard housing</p> <p><input type="checkbox"/> No phone <input type="checkbox"/> Message phone</p> <p><input type="checkbox"/> Weapons in home</p> <p>Strengths: _____</p>		
<p>Transportation</p> <p><input type="checkbox"/> No reliable transportation</p> <p><input type="checkbox"/> Needs referral for infant car safety seat</p> <p><input type="checkbox"/> No seat belt use</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>	<p>Current Health Practices</p> <p><input type="checkbox"/> Needs dental care</p> <p><input type="checkbox"/> Medication use since LMP</p> <p><input type="checkbox"/> Chemical exposure</p> <p><input type="checkbox"/> Poor HX using health care system</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>	<p>Pregnancy Care</p> <p><input type="checkbox"/> Ambivalent about pregnancy</p> <p><input type="checkbox"/> Unwanted pregnancy</p> <p><input type="checkbox"/> Lacks support for pregnancy, L&D, postpartum</p> <p><input type="checkbox"/> Using natural remedies</p> <p><input type="checkbox"/> HX pregnancy/child losses</p> <p><input type="checkbox"/> HX STI self/partner</p> <p><input type="checkbox"/> Needs referral for discomforts of pregnancy</p> <p>Strengths: _____</p>		
<p>Nutrition</p> <p><input type="checkbox"/> Anthropometric data outside of NL: _____</p> <p><input type="checkbox"/> Biochemical data outside of NL: _____</p> <p><input type="checkbox"/> Clinical conditions outside of NL: _____</p> <p><input type="checkbox"/> Poor appetite</p> <p><input type="checkbox"/> PICA</p> <p><input type="checkbox"/> Special diet: _____</p> <p><input type="checkbox"/> Inappropriate vitamin/mineral use</p> <p><input type="checkbox"/> Unusual dietary practices</p>	<p><input type="checkbox"/> HX or current eating disorder</p> <p><input type="checkbox"/> Inadequate diet (24-Hour Recall)</p> <p><input type="checkbox"/> Inappropriate weight gain (grid)</p> <p><input type="checkbox"/> Excessive caffeine intake</p> <p>Strengths: _____</p> <p>Infant Feeding</p> <p><input type="checkbox"/> Has never breast-fed</p> <p><input type="checkbox"/> HX problem with breast feeding</p> <p><input type="checkbox"/> Lacks support for breast feeding</p> <p>Strengths: _____</p>	<p>Coping Skills</p> <p><input type="checkbox"/> Experiencing significant life stressors</p> <p><input type="checkbox"/> HX domestic violence</p> <p><input type="checkbox"/> Victim of violence/sexual abuse: self/children/parents</p> <p><input type="checkbox"/> HX suicidal ideation/attempt</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Inadequate support system</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>		
<p>Tobacco, Drug, Alcohol Use</p> <p><input type="checkbox"/> Uses tobacco</p> <p><input type="checkbox"/> Current HX alcohol use/abuse</p> <p><input type="checkbox"/> Current HX drug use/abuse</p> <p><input type="checkbox"/> Partner uses/abuses drugs/alcohol</p> <p>Strengths: _____</p>	<p>Education and Language</p> <p>Education: <input type="checkbox"/> <8 yr. <input type="checkbox"/> 9–11 yr.</p> <p><input type="checkbox"/> Non-English-speaking/reading</p> <p><input type="checkbox"/> Low literacy skills</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>	<p>Educational Interests</p> <p><input type="checkbox"/> Barriers to attending classes</p> <p><input type="checkbox"/> Mental, emotional, or physical conditions affecting learning</p> <p><input type="checkbox"/> _____</p> <p>Strengths: _____</p>		
<p>Obstetrics</p> <p><input type="checkbox"/> Diabetes, gestational/overt</p> <p><input type="checkbox"/> Chronic/high risk medical condition</p> <p><input type="checkbox"/> VBAC, repeat C-Section</p> <p><input type="checkbox"/> Multiple gestation</p> <p><input type="checkbox"/> Short pregnancy interval</p>			<p><input type="checkbox"/> Late entry to care</p> <p><input type="checkbox"/> Hypertension/PIH</p> <p><input type="checkbox"/> Hyperemesis</p> <p><input type="checkbox"/> Urinary tract infection</p> <p><input type="checkbox"/> Underweight/obese pre-pregnancy</p> <p><input type="checkbox"/> Hx preterm labor</p>	<p><input type="checkbox"/> Hepatitis B+/HIV+</p> <p><input type="checkbox"/> Rubella negative</p> <p><input type="checkbox"/> Religious restrictions to procedures</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>

COMPREHENSIVE PERINATAL SERVICES PROGRAM

Name
 Birth date
 I.D. number
 EDD

INITIAL COMBINED ASSESSMENT (Annotated)

PERSONAL INFORMATION

1. Your name: _____
Serves as a formal identifier in addition to providing an opportunity to determine how the client prefers to be addressed.
2. Age: Less than 12 years 12–17 years 18–34 years 35 years or older
Shaded responses typically will require additional referrals: teens may be at high risk medically in addition to possible referral to AFLP/CAL LEARN; older women may need additional genetic evaluation. Refer to “Steps To Take” (STT) Guidelines: Psychosocial–Teen Pregnancy and Parenting.
3. Place of birth: _____
May give some indication as to the client’s cultural background.
4. How long have you lived in this area? Less than 1 year 1–5 years 5+ years Life
Individuals who have lived in an area for a short while may be less familiar with community resources and have a weaker support system.
5. Do you plan to stay in this area for the rest of your pregnancy? Yes No
If the client does not intend to remain in the area she will need assistance in arranging for transfer of her care and counselling on the value of adequate prenatal care.
6. Are you: Married Single Divorced/separated Widowed Other: _____
The response may give some indication of the client’s support system.
7. Who lives with you in your home?

Name	Relation	Age	Name	Relation	Age

This response should include all the people she lives with, not just a nuclear family. The response will give you some idea of the client’s support system, the reality of her home environment (especially important when considering referrals) and an opportunity to personalize your care by being able to refer to family members by name. Response to this question may be facilitated by having the patient complete this information on a separate piece of paper in the waiting room which can be copied into the chart.

8. Do any of your children or your partner’s children live with someone else? Yes No N/A
 If yes, explain: _____
A “yes” response may give some indication of her parenting skills if children have been formally removed from the home. Children left behind as a result of migration to this country may result in grief issues. See STT Guidelines: Psychosocial–Parenting Stress, New Immigrant.

ECONOMIC RESOURCES

9. Are you currently working? Yes No If yes, type of work and hours per week: _____
“Work” refers to paid efforts that can occur outside the home or within (child care, laundry, sewing, etc.). This information will help the assessor understand the economic resources of the family in addition to possible health risks for the client. It also provides an opportunity to discuss how long she plans to work. See STT Guidelines: Health Education–Workplace and Home Safety.
10. Do you plan to return to work after the baby is born? Yes No
If yes, this is an opportunity to discuss child care plans and make referrals to community resources as appropriate.

11. Will the father of the baby provide financial support to you and the baby? Yes No

In addition to adding another piece to the client's economic picture, it also gives some indication of the father's involvement. Consider not just dollar support, but groceries, transportation, etc.

12. Are you receiving any of the following: (Check all that apply.)

	Yes	No	Needs Information/Referral
a. WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. AFDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency food assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pregnancy-related disability insurance benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All clients on CPSP should be eligible for WIC and should be referred. The other items need to be individually evaluated. For assistance in making these referrals, see STT Guidelines: Psychosocial–Financial Concerns.

13. Do you have enough clothes for yourself and your family?

If no, see STT Guidelines: Psychosocial–Financial Concerns, for suggestions of resources.

14. Do you or others in your home skip meals due to lack of money?.....

If yes, keep this in mind when assessing nutritional status and also see STT Guidelines: Psychosocial–Financial Concerns, and Nutrition–Stretching Your Food Dollar, for suggestions.

HOUSING

15. What type of housing do you currently live in?

Apartment House Hotel/motel Emergency shelter Public housing
 Trailer park Car Farm worker camp Other: _____

Shaded responses are usually indicative of inadequate housing or transiency and can have serious impact on the client's health and well-being. Suggestions for referral resources can be found in STT Guidelines: Psychosocial–Financial Concerns.

16. Do you have the following where you live? (Check all that apply.)

	Yes	No		Yes	No		Yes	No
Tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	Stove	<input type="checkbox"/>	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	Heat	<input type="checkbox"/>	<input type="checkbox"/>	Hot water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	Cold water	<input type="checkbox"/>	<input type="checkbox"/>

Lack of items identified in shaded responses are important to know when providing instruction regarding personal care and nutritional counseling. Lack of a telephone may have important ramifications on the client's ability to report potential complications (preterm labor, urinary tract infection, bleeding, etc.); alternate methods of communication should be identified prior to their need. See also: STT Guidelines: Nutrition–Cooking and Food Storage.

17. Do you feel your current housing meets your basic needs? Yes No

Although previous questions should give the assessor a general sense of the adequacy of the client's home, this question permits the client to make her own assessment. What may seem inadequate to the assessor may not be a problem for the client.

18. Do you feel safe in your home? Yes No

If no, why not? _____

Again, this question provides the client with an opportunity to express her own concerns and needs. In this case, "safety" refers to the environment (substandard housing, gang activity, drug-dealing, etc.) rather than domestic violence.

19. If there are guns in your home, how are they stored? _____

Guns should be kept in locked storage, preferably with trigger locks. This question may also include discussion about other dangerous weapons such as knives.

TRANSPORTATION

20. Will you have problems keeping your appointments? Yes No
If yes, is the problem: Transportation Child care Work School Other: _____
Important information to consider when making medical and support service appointments and for referrals.
21. When you ride in a car, how often do you use seat belts? Always Sometimes Never
An opportunity to determine if a discussion of the importance and proper use of seat belts is needed.
22. Will you be able to get a car safety seat for the new baby by the time it is born? Yes No
If no, this is an opportunity to determine if education is needed regarding the CA Carseat Safety laws and make referrals to local resources. See also STT Guidelines: Health Education—Infant Safety and Health.

CURRENT HEALTH PRACTICES

23. Have you ever had trouble finding a doctor or getting necessary treatment for yourself or your family? Yes No
If yes, please explain: _____
Difficulties with the health care system in the past may impact how the client perceives her current care and how she responds to referrals.
24. Have you been to the dentist in the last year? Yes No
If no, assist client to arrange dental care (see your provider's application for dental resources). Poor dental health can seriously impact the pregnant woman from chronic infection to impaired eating ability.
25. What do you do for exercise? _____ How often? _____
Regular exercise can give the client a sense of well-being and relaxation. For suggestions and cautions regarding exercise in pregnancy, see STT Guidelines: Health Education—Safe Exercise and Lifting.
26. Since you became pregnant have you used any over-the-counter medications? Yes No
If yes, what? _____ How much? _____ How often? _____
If yes, this is an opportunity to instruct the client on the hazards of OTC medications, and an opportunity to evaluate the need for medical evaluation of the condition for which she uses OTC's. For additional suggestions see STT Guidelines: Health Education—Drug and Alcohol Use.
27. Since you became pregnant have you used any prescription medications? Yes No
If yes, what: _____ How much? _____ How often? _____
If yes, see question 26 and make sure the medical provider is aware of this information.
28. In your home, how do you store: Vitamins _____
 Medications _____ Cleaning agents _____
All medications, even seemingly "mild" medications such as vitamins and iron, should be stored in a secure location, such as a locked cabinet, if there are children in the home. Purses are not considered secure. Cleaning agents should be stored in their original containers, away from food, and secure from children. Plan the client's education according to her safety knowledge and habits.
29. Do you have exposure to chemicals:
a. At work? Yes No If yes, what? _____
b. At home? Yes No If yes, what? _____
c. With hobbies? Yes No If yes, what? _____
If yes, see STT Guidelines: Health Education—Workplace and Home Safety.

PREGNANCY CARE

30. Was this pregnancy planned? Yes No
31. How do you feel about being pregnant now? _____
32. Are you considering: Adoption? Yes No Abortion? Yes No
Questions 30, 31, and 32 will provide the assessor with information about the client's feelings regarding this pregnancy. For the client who is still ambivalent and/or considering adoption or abortion, refer to STT Guidelines: Psychosocial—Unwanted Pregnancy, for suggestions.

33. How does the father of the baby feel about this pregnancy? _____
- a. Your family? _____
- b. Your friends? _____

Responses to these questions will provide the assessor with information regarding the client's support system and stressors she may be facing.

34. Do you have any of the following problems now? (Check all that apply.)

	Yes	No		Yes	No
a. Swelling of hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	h. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
b. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	i. Backache	<input type="checkbox"/>	<input type="checkbox"/>
c. Fatigue/sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	j. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
d. Vaginal discharge/bleeding	<input type="checkbox"/>	<input type="checkbox"/>	k. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
e. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	l. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
f. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	m. <input type="checkbox"/> Other _____		
g. Leg cramps	<input type="checkbox"/>	<input type="checkbox"/>			

Evaluate "yes" responses on the basis of practice protocols. If appropriate for the assessor, many of these conditions can be addressed by suggestions as outlined in STT Guidelines: Nutrition.

35. In comparison to your previous pregnancies, is there anything you would like to change about the care you receive?

Yes No N/A Please explain: _____

"Yes" answers provide assessor with information about past care that was not helpful to client so that these issues can be avoided with this pregnancy (if possible).

36. Do you have any traditional, cultural, or religious customs about pregnancy and childbirth you would like supported?

Yes No Please explain: _____

Acknowledgement and support of cultural and religious customs important to the client will result in a client who will participate in her care. In some cases these customs may be in conflict with medical care, and it is important to evaluate these situations with the medical provider. For additional suggestions see STT Guidelines: First Steps—Cultural Considerations.

37. Who gives you the most advice about your pregnancy? _____

38. What have you been told that you think is important? _____

Questions 37 and 38 will identify who should also be involved in the client's care. It will be very difficult to provide perinatal education if your information conflicts with this person's advice.

39. Do you use any natural or herbal remedies (example: ginseng, manzanilla, greta, magnesium, yerba buena)?

Yes No If yes, what and how often: _____

Herbal remedies need to be evaluated for potential harmful effects on the fetus.

40. Do you plan to have someone with you:

a. During labor? Yes No Do not know

b. When you first come home with the baby? Yes No Do not know

If the client cannot identify a support person for labor, the assessor should begin to explore possible resources for both the labor period and childbirth preparation classes. If no support in the immediate postpartum period, this is an opportunity to help the client explore who will be available to help her care for herself, the newborn, including breastfeeding, and other children, if any. See STT Guidelines: Psychosocial—Parenting Stress.

41. If you had a baby before, where was that baby(s) delivered?

Hospital Clinic Home Other _____

Were there any problems? Yes No

If yes, please explain: _____

An opportunity to identify problems and plan to avoid them with this pregnancy and/or identify positive experiences to draw upon.

42. Have you had any losses in past pregnancies such as:

	Yes	No		Yes	No		Yes	No
Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	<input type="checkbox"/>	Abortion	<input type="checkbox"/>	<input type="checkbox"/>
Stillborn	<input type="checkbox"/>	<input type="checkbox"/>	SIDS	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what/who helped you get through this? _____
The client may have unresolved grief issues that can impact this pregnancy and the care of the newborn. It also identifies some strengths that may be helpful in addressing current issues. For additional suggestions see STT Guidelines: Psychosocial-Perinatal Loss.

43. If you have had other children, are they still living? Yes No N/A

If no, please explain: _____
Again, identifies possible unresolved grief issues and/or fears that may affect this pregnancy. See also question 42.

44. Besides having a healthy baby, what are your goals for this pregnancy? _____
An empowerment opportunity for the client. With assistance from the assessor, the client may be able to use this opportunity to make personal changes in her life, rather than focusing in on only a goal of "a healthy baby."

45. Do you plan to use a method of birth control after this pregnancy? Yes No Undecided
If yes, what method: Birth control pill Diaphragm Norplant IUD
 Foam and/or condoms Natural Family Planning Abstinence Sterilization Depoprovera
Each client should have the opportunity to make a fully informed decision about what method, if any, she wants to use postpartum. See STT Guidelines: Health Education-Family Planning Choices, for suggestions.

46. Have you ever had a sexually transmitted infection, such as gonorrhea, syphilis, chlamydia, herpes? Yes No
a. If yes, what and when: _____
b. Has your partner had a sexually transmitted infection? Yes No Do not know

47. Information given on HIV transmission, risk reduction behavior modification, methods to reduce the risk of perinatal transmission; counseling and referral to other HIV prevention and psychosocial services as needed; and referral for HIV testing. Yes No Initials: _____
Current state regulations require that all pregnant women, not just those who are at risk, receive counseling on the benefits of HIV testing and pregnancy, treatments available to women who test positive, and referral for HIV testing. This item permits the provider/practitioner to document that they have provided the woman the required services. For additional suggestions on providing HIV education, see STT Guidelines: Health Education-HIV and Pregnancy.

NUTRITION

48. Anthropometric data: (Complete the following.) Height _____ Current weight _____ Date _____
 Prepregnancy weight _____ Normal Underweight Overweight Very overweight
 Weight gain goal _____ Net weight gain _____ Adequate Inadequate Excessive
 Weight gain in previous pregnancies: lbs _____ Unknown N/A Weight grid plotted

This information helps determine weight gain goals for the pregnancy and necessary nutritional education. STT Guidelines can provide assistance in helping the assessor complete the weight gain grid and determining weight gain goals. Women who begin pregnancy underweight or overweight may need more comprehensive nutrition care.

49. Biochemical data: (Complete the following.)
 Blood: Date _____ Hgb/Hct _____ MCV _____ Glucose Screen _____
 Urine: Date _____ (Circle) Glucose + - Ketones + - Protein + -
Abnormal values need to be brought to the medical provider's attention and a plan developed to address needs.

50. Clinical data: (Indicate if any of the following apply.)
 Short pregnancy interval Anemia Diabetes: Prepregnancy Past pregnancy
 Serious infection Dental disease Hypertension: Prepregnancy Past pregnancy
 Hx low birth weight baby High parity (>4) Currently breastfeeding
 Age 17 years or less Digestive problems Hx intrauterine growth retardation
 Other medical/obstetrical problems: Past _____ Current _____
All of the above information has important implications in developing a nutritional care plan for the client. Site specific protocols should be reviewed to determine appropriate care, STT Guidelines: Nutrition-Prenatal Vitamin and Minerals, Iron and Calcium, can also offer suggestions for appropriate education and referrals.

51. Do you take prenatal vitamins? Yes No Do you take iron? Yes No Other? Yes No

52. How would you describe your appetite? Good Fair Poor
 Do you sometimes feel you can't stop eating? Yes No
Requires additional probing to determine if the client has concerns about or is experiencing an eating disorder.
53. Have your eating habits changed since you became pregnant? Yes No
 If yes, please explain: _____
Provides additional context to her response to question 52. It is important to know that a client's appetite was poor before she became pregnant vs. the client whose appetite changed as a result of pregnancy.
54. How many times per day do you usually eat? _____
Permits the assessor to develop nutritional recommendations that "fit" with the client's usual habits.
 Do you have questions or concerns about your weight and/or weight gain during pregnancy? Yes No
 If yes, please list: _____
Permits assessor to emphasize an appropriate weight gain goal. See STT Guidelines: Nutrition-Weight Gain During Pregnancy.
55. Have you had cravings for or eaten any of the following? (Circle all that apply.) Yes No
 laundry starch freezer frost cornstarch clay paste plaster dirt other _____
"Yes" answers require evaluation to determine the extent of the problem and need for referral to the medical provider. Additional suggestions are in STT Guidelines: Nutrition-Pica, Possible Problems From Pica.
56. Do you have any food allergies? Yes No If yes, please explain: _____
 Are there any foods or beverages you avoid? Yes No If yes, please explain: _____
Requires evaluation as to impact on appropriate perinatal diet. See STT Guidelines: Nutrition-Lactose Intolerance, for additional suggestions.
57. Are you on a special diet? Yes No
 If yes, what kind? Weight loss Low salt Low fat/cholesterol Vegetarian Diabetic
 Other: _____
Requires evaluation as to impact on perinatal nutritional needs and development of client specific nutritional education. May also require referral for medical nutrition therapy.
58. If vegetarian, do you eat: Milk and dairy products Fish/chicken Eggs
Not all individuals define "vegetarian" in the same way. This question identifies the specifics of your client's vegetarian diet.
59. How many cups of the following do you drink in a day? _____ regular coffee _____ regular tea _____ sodas
General fluid intake is important for proper metabolic functioning. The specific beverages imbibed can indicate sources of excess sugars or caffeine. High diet soda intake may be as a result of a fear of having a larger baby and a perceived more difficult birth.
60. Who usually does the following in your home? Buys food: _____ Prepares food: _____
This information will provide the assessor with some indication as to the control the client has over what food is purchased and how it is prepared.
61. Dietary intake: (check all that apply)
- | | | | | |
|---------------|------------------------------------|-------------------------------------|--|---|
| LOW | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Vitamin C | <input type="checkbox"/> Other fruits and vegetables | <input type="checkbox"/> Bread/grain/cereal |
| | <input type="checkbox"/> Protein | <input type="checkbox"/> All groups | <input type="checkbox"/> Fluid | <input type="checkbox"/> Milk |
| EXCESS | <input type="checkbox"/> Fat | <input type="checkbox"/> Sugar | <input type="checkbox"/> Salt | <input type="checkbox"/> High Kcal. |
- Excess: fat, sugar, salt, high Kcal*

INFANT FEEDING

62. If you have other children, did you breastfeed, or try to breastfeed them? Yes No N/A
 Did you have trouble breastfeeding? Yes No How long did you breastfeed? _____
Provides an opportunity to build on previous positive experiences and/or evaluate difficulties and provide education to support breastfeeding. For additional suggestions, see STT Guidelines: Nutrition-Breastfeeding reference.
63. How are you planning to feed your new baby?
 Breast Formula Both breast and formula Other: _____ Do not know
All women should be provided basic breastfeeding information so they can make an informed decision. The client who plans to give both breast and formula may be inadvertently sabotaging her breastfeeding efforts and probably needs additional assistance in clarifying her decision. See STT Guidelines: Health Education-Infant Feeding Decision-Making.

WIC REFERRAL

COPING SKILLS

64. In the past month, how often have you felt that you could not control the important things in your life?
 Have you felt that way: very often often sometimes rarely never
This question permits the client to give her evaluation of her emotional status. Shaded responses should be further explored to determine if this is a long-standing issue or more related to the emotional swings of early pregnancy.

65. What things in your life do you feel good about? _____
Provides that assessor with an opportunity to build on positives in the client's life.

66. Are you currently having any of these problems: (Check all that apply.)
- | | Yes | No | | Yes | No |
|---------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. Financial difficulties | <input type="checkbox"/> | <input type="checkbox"/> | f. Unemployment | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing problems | <input type="checkbox"/> | <input type="checkbox"/> | g. Immigration | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorce/separation | <input type="checkbox"/> | <input type="checkbox"/> | h. Legal | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Recent death | <input type="checkbox"/> | <input type="checkbox"/> | i. Probation/parole | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Illness | <input type="checkbox"/> | <input type="checkbox"/> | j. Child Protective Services | <input type="checkbox"/> | <input type="checkbox"/> |

Any "yes" responses can provide stress for the client. Suggestions for referrals can be found in STT Guidelines: Psychosocial–Financial Concerns, Legal/Advocacy Concerns, New Immigrant, Depression.

67. What things in your life would you like to change? _____
Provides information on patient hopes and values. Changes that can be attached to these values have a higher probability of success.

68. What do you do when you are upset? _____

69. What do you and your partner do when you have disagreements? _____

70. Do you ever feel afraid or threatened by your partner? Yes No
 If yes, please explain: _____

71. Within the last year have you been hit, slapped, kicked, or physically hurt by someone? Yes No
 If yes, please explain: _____

72. Have you ever been a victim of violence and/or sexual abuse? Yes No

73. Have your children ever been victims of violence and/or sexual abuse? Yes No

74. Have your parents been victims of violence and/or sexual abuse? Yes No
Questions 67–73 help the assessor determine the potential and/or presence of domestic violence in the client's relationships. Interventions should be based on legal mandates and practice specific protocols. Additional information is available in STT Guidelines: Psychosocial–Spousal/Partner Abuse.

75. Do you ever get depressed? Yes No

76. Have you ever felt so bad you planned or attempted suicide? Yes No

77. Have you ever talked to a counselor? Yes No
 If yes, please explain: _____

78. Would you feel comfortable talking to a counselor if you had a problem? Yes No
Provides information on patient's history of serious mental illness and what range of referrals might be possible. For additional information, see STT Guidelines: Psychosocial–Emotional or Mental Health Concerns, Depression.

TOBACCO, DRUG, AND ALCOHOL USE

79. Do you smoke cigarettes? Yes No
 If yes, how many cigarettes per day? _____ for how many years? _____

It is important to document carefully the client's smoking history, not just whether she smokes or not. Interventions for someone who smokes one–two cigarettes/week are likely to be different from someone who smokes two packages/day.

80. Are you exposed to secondhand smoke at home or at work? Yes No
Secondhand smoke can have serious effects on both the mother and the fetus. To help the client identify such exposure and develop a plan to avoid such exposure, see STT Guidelines: Health Education–Secondhand Tobacco Smoke.

81. Are you using chewing tobacco? Yes No
The woman who uses chewing tobacco avoids possible lung problems, she and her fetus are still exposed to the harmful effects of nicotine. Some of the suggestions in STT Guidelines: Health Education–Tobacco Use, may also be helpful for this client.

82. If you smoke cigarettes or chew tobacco, have you:
 Considered quitting Set a definite date to quit Decided to cut down Decided not to quit at this time
The education and support you provide a client around tobacco use varies in relation to desire to quit. For suggestions for each of the above situations, see STT Guidelines: Health Education–Tobacco Use.
83. How often do you drink alcohol (beer, wine, wine coolers, hard liquor, mixed drinks)?
 Daily Weekends 1–2 times per month Rarely or never
84. Have your alcohol habits changed since you got pregnant?..... Yes No
 If yes how? _____
85. Are you interested in stopping or cutting down while you are pregnant? Yes No
86. Have you ever used street drugs (marijuana, cocaine, PCP, crack, speed, crank, ice, heroin, LSD, other)? Yes No
 a. If yes, what: _____ How often? _____
 b. Are you interested in quitting? Yes No
Questions 82–85 provide information on the client’s previous and past use of drugs and alcohol. To assist the client in deciding to quit and support her through that process, see STT Guidelines: Health Education–Drug and Alcohol Use.
87. If your partner uses drugs or alcohol, does this create problems for you? Yes No
The client may not use drugs or alcohol but her partner may and this can cause significant problems for her: stress, domestic violence, misuse of family income, etc. See pertinent sections of STT Guidelines for additional suggestions.

EDUCATION AND LANGUAGE

88. Years of education completed: 0–8 years 9–11 years 12–16 years 16+ years
Determining the client’s level of education may give the assessor some idea as to the client’s reading and comprehension levels, although this will probably require additional evaluation.
 a. Are you currently enrolled in school? Yes No N/A
 b. Will you return to school after the baby is born? Yes No N/A
These questions are particularly important for teen clients, who should be encouraged to participate in school pregnant minor programs. Older clients who have not completed high school or equivalence may want to consider attending night school or other independent learning centers particularly if they are interested in achieving changes in their lives.
89. What language do you prefer to speak: English Other _____
90. What language do you prefer to read: English Other _____
To achieve maximum benefit from interventions and education, services must be presented in a spoken or written language that is understandable to the client. For additional suggestions, see STT Guidelines: First Steps–No Language in Common with Staff, Low Literacy Skills (for those patients with low or no reading ability in any language).
91. Which of the following best describes how you read:
 Like to read and read often Can read but do not read often Do not read
The client’s ability to read is separate from her interest in reading. Providing written materials to someone who does not read or who does not like to read is inappropriate. Written materials at a high reading level may also be inappropriate.

Patient's name _____
(Please print)

ID# _____

CONSENT/REFUSAL

FOR THE CALIFORNIA EXPANDED AFP SCREENING PROGRAM

1. I have read the information about the California Expanded AFP Screening Program which is contained in this booklet (or have had it read to me by _____).
2. I have been informed that:
 - a) the purpose of the California Expanded AFP Screening Program is to detect most fetuses with neural tube defects, abdominal wall defects, Down syndrome, and trisomy 18. However, not all such defects can be detected by the Program.
 - b) there are other birth defects that cannot be detected by this Program.
 - c) if the result is "screen positive", I will need to make a decision regarding follow-up testing. Authorized follow-up tests are covered by the Program and will be discussed with me in more detail.
 - d) if the result is "screen negative", the Program will not pay for any follow-up testing.
 - e) if the fetus is found to have a birth defect, the decision to continue or terminate the pregnancy will be entirely mine.
 - f) participation in the California Expanded AFP Screening Program is voluntary. I can refuse any tests at any time.



(over)

3. I have read the detection rates for certain birth defects as they are described in this booklet.
4. I have been informed that a blood specimen for the California Expanded AFP Screening Program is only reliable between 15 and 20 weeks of pregnancy.
5. I have had my questions answered to my satisfaction.

YES	I request that blood be drawn for the Expanded AFP Screening Program. Signed _____ Date _____ I should have my blood drawn between _____ and _____ month day year month day year
NO	I request that blood <u>not</u> be drawn for the Expanded AFP Screening Program. Signed _____ Date _____

I understand that the blood specimen and information obtained during the testing process become the property of the California Department of Health Services. They may be used for program evaluation or research by the Department or Department-approved scientific researchers without identifying the person or persons from whom these results were obtained, unless I specifically prohibit such use in writing. All information procured by the Department of Health Services, or by any other person, agency or organization acting jointly with the Department in connection with such special studies, shall be confidential. I may obtain additional information about the study or prohibit the use of my specimen by writing George Cunningham, MD, M1 Genetic Disease Branch, 2151 Berkeley Way, Annex 4, Berkeley, CA 94704.

If new information becomes available about a birth defect detected during this pregnancy, the information may be sent to me unless I specifically prohibit it by writing to George Cunningham, MD, MPH at the above address.

A Test Your New Baby Must Have

Soon after birth, your baby will have a blood test. In California, the law requires that your baby have this Newborn Screening Test for:

- PKU
- Galactosemia
- Hypothyroidism
- Sickle Cell Disease and other Hemoglobin Diseases

Your baby will also need regular well-baby care to check for other health problems.

Make Sure Your Baby Is Tested

Babies can look very healthy at birth and still have one of these disorders. That is why your baby will be tested before leaving the hospital. Ask your doctor or midwife to make sure the test is done.

Babies not born in the hospital must also have this test. It should be done before your baby is six days old. Call your doctor or health department to have your baby tested.

The Test Is Safe

A few drops of blood will be taken from your baby's heel. This is a simple and safe test. The blood will be sent to a State approved lab for testing.

How Much Does The Test Cost?

The fee is subject to change. Please check with your doctor or hospital for the current cost of the test. Medi-Cal, health plans and most private insurance will pay for the test.



How Can I Get The Results?

You can get the test results from your baby's doctor or clinic. It takes about two weeks. If your baby needs more tests you will get a letter or phone call.

If you move after the test is done, make sure your baby's doctor or the clinic staff has your new address and phone number.

Can I Say No To The Test?

You can only say no for religious reasons. If you say "no" you must sign a special form that says your hospital, doctor and the clinic staff are not responsible if your baby develops problems from these disorders.

Early Treatment Can Prevent Serious Problems

These disorders can cause serious health problems. But early treatment can help your baby. Free diagnosis for positive tests is available at a California Childrens Services-approved hospital in your area.

- **PKU (Phenylketonuria)**

Babies born with PKU have problems when they eat foods high in protein like milk, including breast milk and formula, meat, eggs and cheese. Without treatment these babies become mentally retarded.

- **Galactosemia**

Babies with this disorder cannot use some of the sugars in milk, formula, and breast milk and other foods. This disorder harms the baby's eyes, liver and brain. A special diet can prevent these problems.

- **Hypothyroidism**

Babies born with this problem lack a thyroid hormone. Without this hormone they grow very slowly and become mentally retarded. This can be prevented by giving the baby special medicine every day.

- **Sickle Cell Disease and other Hemoglobin Diseases**

These diseases affect the baby's red blood cells. These babies can get very sick and even die from common infections. Most infections can be prevented with antibiotics. Affected babies also need lifelong care for problems caused by the diseases.

The information collected in this program is maintained by the Department of Health Services Genetic Disease Branch, 2151 Berkeley Way, Berkeley, CA 94704, (510) 540-2534. The chief of the Genetic Disease Branch is George Cunningham, M.D. Information is collected under the authority of the Health and Safety Code Sections 150,151, 211.1 and 309 and is used to identify infants at risk of birth defects in order to develop programs to prevent such defects. Provision of this information is required by law (17 CCR 6500 through 6507) and if not provided, could result in death or permanent handicap for affected infants.

Unless the person or his/her legally authorized representative specifically prohibits such use in writing, the blood specimen and information obtained during the testing process becomes the property of the State and may be used for program evaluation or research by the Department or Department-approved scientific researchers to improve the health of mothers and children. Such studies are published without identifying the person or persons from whom the results were obtained.

AMERICANS WITH DISABILITIES ACT
Notice and Information Access Statement
Policy of Nondiscrimination on the Basis of Disability
and Equal Employment Opportunity Statement

The Department of Health Services, State of California does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

Pliney A. Young, Deputy Director, Office of Civil Rights, 714 P Street, Room 1050, Sacramento, CA 95814 has been designated to coordinate and carry out the agency's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA Coordinator.

Attachment D



Kern Family Health Care

The Friendly Face
Of Kern Health Systems

Referral/Prior-Authorization Form
Phone: 661/664-5083
Fax: 661/664-5190

Please Check Type: Routine Urgent/Expedited
Please Check Product: KFHC Medi-Cal

PLEASE PRINT Member Information: (Complete in full)

Patient Name: _____ Alternate Contact Information: _____

Address _____ City _____ State _____ Zip _____ Daytime Phone _____

KFHC Member ID# _____ DOB: _____ Age: _____ CCS Eligible Condition: YES NO

Alternate ID# _____ CCS Open Case #: _____

PLEASE PRINT Facility / Provider Information: (Complete in full)

Requesting Provider: _____ Phone: _____ Fax: _____

Address: _____

Provider Signature: _____ Date: _____

Requested Service(s): _____ ICD-10 Code(s) _____
CPT Code(s) _____

Patient Request Facility _____

<input type="checkbox"/> Allergy	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Hem/Onc	<input type="checkbox"/> Neurology	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Urology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> ENT	<input type="checkbox"/> Home Health	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Pain Mgmt	<input type="checkbox"/> Radiology	
<input type="checkbox"/> Dermatology	<input type="checkbox"/> GE/GI	<input type="checkbox"/> Mental Health	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Rheumatology	
<input type="checkbox"/> DME	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Pulmonology	

Requested Provider: _____ Phone: _____ Fax: _____

Address: _____

INFORMATION BELOW MUST BE COMPLETED TO PROCESS SERVICE REQUEST

Diagnosis / Clinical Problem: _____

Clinical History / Date of Onset: _____

KFHC Date Rec'd Stamp

To facilitate processing of request, please attach clinical documentation including progress notes, reports, labs, imaging, etc. (Total additional pages _____)

For Kern Family Health Care Use ONLY:

Approved Denied Modified Withdrawn Delayed Duplicate Request Disenrolled

Auth # _____

Commentary/UM Criteria Not Met: _____

Reviewer Signature _____ Date _____

PCP _____

AUTHORIZATION CONTINGENT UPON ELIGIBILITY ON DATE OF SERVICE Eligibility Date _____

HIPAA Notice: The information contained in this form may contain confidential and legally privileged information. It is only for the use of the individual or entity named above. If the recipient of this form is not the recipient addressed on the form, you are hereby notified that any dissemination, distribution, or copying of the attached document (s) is strictly prohibited. If you have received this in error, please immediately notify the sender by telephone and return the form to the sender.