



Policy: GG.1701
Title: **CalOptima Health Perinatal Support Services (PSS) Program**
Department: Equity and Community Health
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 10/25/2024

Effective Date: 10/01/1995

Revised Date: 08/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the guidelines for the provision of Perinatal Support Services (PSS) to a Member.

II. POLICY

- A. CalOptima Health shall be responsible for the provision of PSS to a Member.
- B. CalOptima Health shall refer a Member to a Contracted Provider for obstetric services.
- C. CalOptima Health shall provide Members an opportunity to participate in enhanced perinatal support services through the Comprehensive Perinatal Services Program (CPSP) in accordance the California Department of Health Care Services (DHCS) Comprehensive Perinatal Services Program and California Welfare and Institutions Code, section 14134.5; Title 22, California Code of Regulations (CCR), sections 51179 et seq., 51348 and 51504; and the American Rescue Plan Act of 2021 (ARPA).
- D. The Medi-Cal postpartum coverage period shall be twelve (12) months. The twelve (12)-month postpartum coverage period for Medi-Cal eligible pregnant individuals will begin on the day following the last day of the pregnancy and will end on the last day of the month in which the 365th day occurs. Individuals will maintain coverage through their pregnancy and twelve (12)-month extended postpartum coverage period regardless of income changes, citizenship, or immigration status.
 - 1. Comprehensive perinatal services shall include obstetric, psychosocial, nutrition, and health education services, and related case coordination provided by or under the personal supervision of a physician during pregnancy, and postpartum period to include twelve (12) months after the last day of pregnancy (365 days), or in accordance with the CPSP guidelines.
 - 2. A Contracted Provider providing care to CalOptima Health Members shall cover up to twenty (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 twelve (12) months following childbirth as set forth in the Department of Health Care Services (DHCS) All Plan Letter (APL) 22-006: Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services, and in accordance with CalOptima Health Policy GG.1900: Behavioral Health Services.

- E. CalOptima Health shall implement a comprehensive risk assessment tool for identified pregnant Members that is comparable to American College of Obstetricians and Gynecologists (ACOG) and CPSP standards. Individual care plans must be developed by Contracted Providers to include obstetrical, nutrition, psychosocial, and health education assessments and interventions when indicated by identified risk factors as set forth in the Department of Health Care Services (DHCS) Policy Letter (PL) 12-003: Obstetrical Care-Perinatal Services. The risk assessment may be completed in person or virtually through a Telehealth visit, in accordance with CalOptima Health Policy GG.1665: Telehealth and Other Technology-Enabled Services.
- F. CalOptima Health shall cover a Member's prenatal labor and delivery, or postpartum care services provided by a Freestanding Birth Centers (FBC) as set forth in the Department of Health Care Services (DHCS) All Plan Letter (APL) 18-022: Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services.
1. CalOptima Health shall refer Members to appropriate hospitals within its network that provide necessary high-risk pregnancy and delivery services, as appropriate.
 2. CalOptima Health shall not require Prior Authorization for PSS. However, Prior Authorization is required if the amount of services exceeds the maximum frequency amounts as set forth in Title 22, California Code of Regulations (CCR) section 51504.
- G. A Contracted Provider providing prenatal and postpartum care to CalOptima Health Members shall meet the requirements for service provision as set forth in Department of Health Care Services (DHCS) Policy Letter (PL) 12-003: Obstetrical Care-Perinatal Services and defined in CalOptima Health's Contract for Public Health Services with Orange County Health Care Agency.
- H. Primary Care Providers (PCP), Health Networks, and CalOptima Health shall refer pregnant and postpartum Members to a Doula provider who is able to render services, if a Member requests Doula support services that are within Medi-Cal program requirements, in accordance with CalOptima Health Policy GG.1707: Doula Services.
- I. A Contracted Provider, Health Network, or CalOptima Health shall provide the Member with referrals to:
1. Women, Infants and Children (WIC). Referrals should be completed as soon as the Member is identified as pregnant, using the WIC referral process, and documented in the Member's chart including referral date, or refusal, and lab values, if available. Members who shall be referred include:
 - a. Women who are pregnant;
 - b. Breastfeeding women up to one (1) year after delivery;
 - c. Non-breastfeeding women up to six (6) months after delivery;
 - d. Infants from birth to one (1) year of age; and
 - e. Children from one (1) to five (5) years of age.
 2. DHCS approved genetic diagnostic center for screening services, in accordance with CalOptima Health Policy GG.1109: CalOptima Health and Health Network Newborn and Prenatal Genetic Screening Services, if necessary;

3. Dental services, if necessary;
 4. Other public benefits and community resources to address individual Member's social, mental, and physical health needs; and
 5. Other services, as needed.
- J. A Contracted Provider, Health Network, and/or CalOptima Health shall:
1. Provide Members at high risk of a poor pregnancy outcome:
 - a. Timely referrals to specialists, including Perinatologists, in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards; and
 - b. Referrals to DHCS-approved genetic diagnostic center for screening services, in accordance with CalOptima Health Policy GG.1109: CalOptima Health and Health Network Newborn and Prenatal Genetic Screening Services, including follow up services.
 2. Promote breastfeeding to a Member, in accordance with CalOptima Health Policy GG.1704: Breastfeeding Promotion;
 3. Provide syphilis screening and testing as outlined in the most recent guidelines published by the State Department of Public Health, per Health and Safety Code, Division 105;
 4. Promote timely immunizations with members receiving prenatal and postpartum care in accordance with the most recent schedule and recommendations, in accordance with Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008: Immunization Requirements and CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities;
 5. Document each Member's need for the Advisory Committee on Immunization Practices (ACIP)-recommended immunization as part of all regular health visits, including, but not limited to prenatal and postpartum care visits, in accordance with Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008: Immunization Requirements;
 6. Evaluate a Member for domestic abuse and report suspected or observed abuse, in accordance with the provisions of this Policy and CalOptima Health Policy GG.1706: Child Abuse Report;
 7. Discuss with the Member any concerns regarding prenatal care, services, or any of the information provided by the Contracted Provider; and
 8. Address Maternal Mental Health (MMH) prenatally and postpartum by implementing a standardized screening tool. Members at risk of MMH conditions shall receive follow-up care within thirty (30) days of the screening.
- K. A Member shall have the right to refuse CPSP and CalOptima Health's Bright Steps program.
- L. CalOptima Health shall maintain a Memorandum of Understanding (MOU) with the local County WIC program for the coordination of WIC services provided to Members.

III. PROCEDURE

- A. A Contracted Provider shall inform CalOptima Health of a Member's first (1st) obstetric visit within five (5) calendar days after the visit by submitting a completed CalOptima Health Pregnancy Notification Report (PNR) form to CalOptima Health.
- B. CalOptima Health shall provide bi-weekly reports to the Member's Health Network's for whom CalOptima Health received a PNR within the previous fourteen (14) calendar days.
- C. CalOptima Health's Population Health Management Department shall review the PNR and refer a Member who is not receiving PSS through a certified CPSP Provider to the Bright Steps Program.
- D. If a Member's Contracted Provider documents high risk pregnancy factors on the Member's PNR, CalOptima Health or the Member's Health Network shall provide the Member with Case Management, in accordance with CalOptima Health Policy GG.1301: Comprehensive Case Management Process.
- E. CalOptima Health shall provide PSS to a Member as follows:
 - 1. Upon receipt of a PNR form from the Contracted Provider or a Health Network, CalOptima Health shall refer the Member to Bright Steps, unless there is documentation that services are being provided through a certified CPSP Provider.
 - 2. Upon receipt of a referral from CalOptima Health, Bright Steps shall contact the Member to offer PSS.
 - 3. If a Member chooses not to participate in Bright Steps, Bright Steps shall notify the Member's Contracted Provider that submitted a PNR. The Contracted Provider shall document the refusal on the Member's Medical Record and provide the Member with the following:
 - a. Pregnancy education materials;
 - b. Breastfeeding education and materials; and
 - c. A referral to WIC and other community resources, as needed.
- F. If the Member agrees to participate in CPSP or Bright Steps, the Contracted Provider or Bright Steps shall provide prenatal and postpartum care in accordance with this Policy.
 - 1. CalOptima Health shall not require Prior Authorization for CPSP. However, Prior Authorization is required if the amount of services exceeds the maximum frequency amounts as set forth in Title 22, California Code of Regulations (CCR) section 51504.
 - 2. CalOptima Health shall provide CPSP to a pregnant Member for the duration of her pregnancy and through the postpartum period to include twelve (12) months after the last day of pregnancy (365 days), or in accordance with the CPSP guidelines.
- G. A Contracted Provider shall complete a WIC referral form in accordance with WIC guidelines and document the date the Member was referred to WIC in the Member's Medical Record.
- H. A Contracted Provider shall continue to provide obstetrical services to the Member in accordance with ACOG standards even if the Practitioner does not provide PSS to the Member. These services include referrals to:

1. Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) testing, information, and counseling services; and
2. DHCS approved genetic diagnostic center, if necessary.

I. Monitoring and Reporting Requirements

1. On a quarterly basis, the Population Health Management Department shall monitor and report on the availability of PSS services for Members. Aggregate reports shall include information on the following during the reporting period:
 - a. Percentage of PNRs received compared to annual deliveries;
 - b. Percentage of deliveries that participated in Bright Steps or with CPSP Provider;
 - c. Timeliness of Prenatal Care: Percentage of deliveries that received a prenatal care visit in the first trimester, on or before enrollment date or within forty-two (42) calendar days of enrollment in CalOptima Health.
 - d. Timeliness of Postpartum Care: Percentage of deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) calendar days after delivery.
2. CalOptima Health PHM will review and evaluate birth outcome data annually using claims, authorization data, HEDIS performance, and other relevant data sources to guide Bright Steps program planning and enhancements.
3. The Population Health Management Department shall submit the reports to the CalOptima Health Quality Improvement (QI) Committee for the evaluation and monitoring of PSS, in accordance with the Quality Improvement (QI) Work Plan.
4. CalOptima Health shall ensure provider compliance with this Policy by conducting a record review in accordance with guidance from the Department of Health Care Services (DHCS) and CalOptima Health Policy GG.1608: Full Scope Site Reviews.
5. Perinatal services out of compliance with DHCS standards for care and delivering programs and/or frequency of reporting requirements shall be subject to a Focused Review or require a Corrective Action Plan (CAP) if the issue remains unresolved, in accordance with CalOptima Health Policies HH.2005: Corrective Action Plan and HH.2002: Sanctions.

IV. ATTACHMENT(S)

- A. CalOptima Health Pregnancy Notification Report (PNR)
- B. WIC Referral for Postpartum/Breastfeeding Women
- C. WIC Pediatric Referral
- D. WIC Referral for Pregnant Women

V. REFERENCE(S)

- A. American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care
- B. California Department of Health Care Services (DHCS) Comprehensive Perinatal Services Program Provider Handbook
- C. California Welfare and Institutions Code, §14134.5
- D. CalOptima Health Contract for Health Care Services

- E. CalOptima Health Contract for Public Health Services with the Orange County Health Care Agency
- F. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- G. CalOptima Health Initial Outreach and Referral Process for Perinatal Support Services (PSS)
- H. CalOptima Health Policy GG.1109: CalOptima Health and Health Network Newborn and Prenatal Genetic Screening Services
- I. CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities
- J. CalOptima Health Policy GG.1301: Comprehensive Care Management Process
- K. CalOptima Health Policy GG.1600: Access and Availability Standards
- L. CalOptima Health Policy GG.1608: Full Scope Site Reviews
- M. CalOptima Health Policy GG.1665: Telehealth and Other Technology-Enabled Services
- N. CalOptima Health Policy GG.1704: Breastfeeding Promotion
- O. CalOptima Health Policy GG.1706: Child Abuse Report
- P. CalOptima Health Policy GG.1707: Doula Services
- Q. CalOptima Health Policy GG.1900: Behavioral Health Services
- R. CalOptima Health Policy HH.2002: Sanctions
- S. CalOptima Health Policy HH.2005: Corrective Action Plan
- T. Department of Health Care Services (DHCS) Policy Letter (PL) 12-003: Obstetrical Care – Perinatal Services (Supersedes PL 12-001 and 96-01)
- U. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-022: Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services (Supersedes APL 16-017)
- V. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-006: Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services (Supersedes APL 17-018)
- W. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008: Immunization Requirements (Supersedes APL 18-004 and 16-009) American Rescue Plan Act (ARPA) of 2021
- X. Health and Safety Code, Division 105
- Y. Title 22 California Code of Regulations (C.C.R.), §§ 51179 et seq., 51348 and 51504.
- Z. Title 42 Code of Federal Regulations (C.F.R.), § 431.635(c)

VI. REGULATORY AGENCY APPROVAL(S)

| Date | Regulatory Agency | Response |
|-------------|---|-----------------------------|
| 09/04/2015 | Department of Health Care Services (DHCS) | Approved as Submitted |
| 08/12/2021 | Department of Health Care Services (DHCS) | Approved as Submitted |
| 03/02/2022 | Department of Health Care Services (DHCS) | Approved as Submitted |
| 07/29/2022 | Department of Health Care Services (DHCS) | Approved as Submitted - AIR |
| 07/11/2023 | Department of Health Care Services (DHCS) | Approved as Submitted |
| 03/22/2024 | Department of Health Care Services (DHCS) | File and Use |
| 07/29/2022 | Department of Health Care Services (DHCS) | Approved as Submitted - AIR |
| 10/17/2024 | Department of Health Care Services (DHCS) | Approved as Submitted |

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

| Action | Date | Policy | Policy Title | Program(s) |
|---------------|-------------|---------------|--|-------------------|
| Effective | 10/01/1995 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 05/01/1999 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |

| Action | Date | Policy | Policy Title | Program(s) |
|---------------|-------------|---------------|---|-------------------|
| Revised | 05/01/2000 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 04/01/2007 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 01/01/2008 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 07/01/2015 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 09/01/2016 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 10/01/2017 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 10/01/2018 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 02/01/2019 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 08/01/2021 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 04/01/2022 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 07/01/2022 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 07/01/2022 | GG.1701 | CalOptima Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 04/01/2023 | GG.1701 | CalOptima Health Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 08/01/2023 | GG.1701 | CalOptima Health Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 03/01/2024 | GG.1701 | CalOptima Health Perinatal Support Services (PSS) Program | Medi-Cal |
| Revised | 08/01/2024 | GG.1701 | CalOptima Health Perinatal Support Services (PSS) Program | Medi-Cal |

IX. GLOSSARY

| Term | Definition |
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| Bright Steps Program | CalOptima Health's pregnancy, postpartum and infant program that provides perinatal support services to Medi-Cal members. Services are offered to members for the duration of their pregnancy and up to one (1) year after delivery. Services include nutrition, health education, psychosocial assessments, referrals, and other appropriate interventions. |
| Comprehensive Perinatal Services Program (CPSP) | Services as defined in Welfare and Institutions Code, Section 14134.5, and Title 22, California Code of Regulations, Sections 51179 et seq., 51348 and 51504. For CalOptima Health members, CPSP is incorporated into CalOptima Health's Perinatal Support Services. |
| Comprehensive Perinatal Service Provider (CPSP) | Any general practice physician, family practice physician, obstetrician-gynecologist, pediatrician, certified nurse midwife, family or pediatric nurse practitioner, alternative birth center, a group, any of whose members is one of the above-named physicians, or any preferred provider organization or clinic holding a valid and current Medi-Cal provider number and certified pursuant to the standards of this section. |
| Contracted Provider | A Provider who is obligated by written contract to provide Covered Services to Members on behalf of CalOptima Health, its contracted Health Networks or Physician Medical Groups. |
| Corrective Action Plan (CAP) | A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators. |
| Doula | A birth worker who provides health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum persons before, during, and after childbirth, otherwise known as the perinatal period, for up to one year after pregnancy and provides support during miscarriage, stillbirth, and abortion (pregnancy termination) as set forth in DHCS APL 23-024: Doula Services. |
| Focused Review | An audit that specifically targets areas of potential deficiency. |
| Freestanding Birth Center (FBC) | A health facility that is not a hospital where childbirth is planned to occur away from the pregnant woman's residence, and that is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services that are in their scope of work as defined in 42 USC section 1396d(I)(3)(B). |
| Health Network | A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to members assigned to that Health Network. |

| Term | Definition |
|------------------------------------|--|
| High-Risk Member | <p>A Member who has failed to take advantage of necessary health care services, does not comply with his or her medical regimen, needs coordination of multiple medical, social, and other services due to the existence of an unstable medical condition in need of stabilization, suffering from substance abuse, or is the victim of abuse, neglect, or violence, including, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. Infants; 2. Women; 3. Persons less than twenty-one (21) years of age; 4. Persons with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS); 5. Persons with a reportable communicable disease; 6. Persons who are technology dependent; 7. Persons with multiple diagnoses who require services from multiple health or social service providers; or 8. Persons who are medically fragile. |
| Medical Record | The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications |
| Member | A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program. |
| Perinatal Support Services (PSS) | Perinatal services as defined in the Contract for PSS. |
| Primary Care Provider (PCP) | A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner. |
| Prior Authorization | A formal process requiring a health care Provider to obtain advance approval of Medically Necessary Covered Services, including the amount, duration, and scope of services, except in the case of an emergency. |
| Provider | Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so. |
| Women, Infants, and Children (WIC) | The special supplemental nutrition program for women, infants, and children, authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786. |